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AN ESSAY
ON
VENEREAL DISEASES,

AND THE

Uses and Abuses of Mercury

IN THEIR TREATMENT.

ILLUSTRATED BY DRAWINGS

OF THE

DIFFERENT FORMS OF VENEREAL ERUPTIONS.

BY RICHARD CARMICHAEL, M.R.I.A.

VICE-PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND, AND ONE
OF THE SURGEONS OF THE RICHMOND SURGICAL HOSPITAL,
DUBLIN, &c. &c. &c.

WITH PRACTICAL NOTES, &c.

BY G. EMERSON, M. D.

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TO
SIR JAMES M'GRIGOR, M.D. F.R.S.

PHYSICIAN EXTRAORDINARY TO THE KING, AND DIRECTOR
GENERAL OF THE ARMY MEDICAL
DEPARTMENT,

Whose elevated office is a source of pride or gratification to him, only because of the ample opportunities which it affords him of advancing the cause of medical science—whose right to this appropriate tribute of respect is indisputable and exclusive; as, without his powerful influence in promoting this most important investigation in every corner of the globe occupied by British soldiery, no efforts of mine, in this disregarded province of the empire, even though assisted by the warmest adherents of my views in the ordinary walks of the profession, could have established, at so early a period after their first promulgation, those truths, which have created so remarkable a revolution in the treatment of a class of diseases, the most perplexing, difficult, and unmanageable in the catalogue of human afflictions. The value of those truths he recognised as soon as they came within his knowledge; and he encouraged their dissemination with, perhaps, still greater zeal, than if the author had been personally known to him, or had obtruded those opinions on his notice, which he has spontaneously honoured with so extensive and efficient a share of his attention.

To him, therefore, to whose sagacity, intelligence, and candour, I owe so much; and to whose liberality, vigilance, and indefatigable energy society is, in such a variety of ways, so deeply indebted, this treatise is gratefully and affectionately inscribed by

His faithful and devoted friend,

RICHARD CARMICHAEL.

ADVERTISEMENT.

It is now ten years since the first edition of this work was submitted to the public. The novelty of the views, as well as the numerous host of facts adduced, perplexed the profession at that time not a little; and were it not for the authenticity of the latter, the former, by their boldness and opposition to long established opinions, would have been totally disregarded. The opinion of the profession, and of the public, has been since that period materially altered, and in place of the belief that no venereal complaint can be cured without mercury, it is now very generally acknowledged that every form of venereal disease may be successfully treated without that remedy.

This fact, which no *individual*, however extensive his practice, could satisfactorily establish, has been demonstrated chiefly by the testimony of those enlightened surgeons of the army who, adopting my practice, prosecuted with great effect an enquiry for which their situation peculiarly adapted them. And it is now so firmly established, that I no longer think it necessary to burthen my work with an accumulation of cases, with a view of proving that mercury is not necessary for the cure of the greater proportion of venereal complaints. The reader, therefore, will find, that in this edition no new cases are adduced, except for the purpose of illustrating the treatment of some particular symptoms, chiefly those appertaining to that congeries of symptoms which I have named the Phagedenic Disease.

A vast deal of new matter, of the importance of which I leave others to judge, has been added, and the general arrangement of the work has been so materially altered, that were it not that I made use of some of the old materials of the first edition, and of those of my "Observations on the Uses and Abuses of Mercury," the present edition might be esteemed altogether a new work.

It must be acknowledged that the profession are at present quite unsettled with respect to the treatment of venereal complaints; so much so, that probably no two practitioners think alike on the subject, or pursue precisely the same mode of

treatment for their cure. This is exactly what might have been expected. The public mind, when thrown into doubt with respect to any long established usage, must take time to reflect and examine facts before it can settle upon the propriety of any new system. He must be Quixotic, indeed, in his expectations, who at so early a period, could look for more than this. But even in the present state of uncertainty, much good has arisen; for we seldom now witness a constitution run down by the excessive use of mercury; or find that *that* medicine is now ever exhibited, when it is obvious that a consumptive tendency, or other causes, might render it hazardous to the patient's constitution: and I assert, that even if nothing more than this advantage were achieved by the investigation, it has already conferred important benefits upon society.

It is a fact, that the consumption of mercury has been materially lessened within the last ten years. Many eminent apothecaries in this city have informed me, that there is not a sixth of the quantity consumed which was formerly used in the metropolis; and I have not a doubt that even this proportion will continue to meet with a still farther reduction.

Mankind are, however, at all times too apt to run into extremes. Many think that because the use of this medicine has been carried to a needless and pernicious excess, that we can dispense with it altogether. From this opinion I most decidedly dissent. Mercury, I believe, when *duly, considerately, and appropriately* applied, will be found a most useful auxiliary; but it is merely as an auxiliary, and not as an *indispensable specific* that I would wish to have it considered; and it is one of the chief objects of this work to point out where it may be advantageously employed; and where it ought to be avoided, as a far greater evil, than the poison against which it was intended to act as an antidote.

ADVERTISEMENT TO THE FIRST EDITION,

PUBLISHED IN 1814.

THE object of the following treatise is chiefly to elucidate an important class of diseases hitherto confounded with syphilis, but to which the attention of the profession has of late been attracted by Mr. Abernethy; and it will be satisfactory to state, in the first instance, the opportunities which conduced to enable the author to investigate a subject requiring a very ample field of observation; and, in the second place, to make the reader acquainted with the manner in which that investigation was prosecuted.

The Lock Hospital of Dublin is probably the most extensive institution in Europe, for the exclusive reception of patients affected with venereal diseases. It is supported by government, and, in general, contains from two hundred and eighty to three hundred patients. The hospital is visited daily by five surgeons,* each of whom attends his allotted wards; but the entire institution is, of course, open to the observation of all; so that each has the advantage of witnessing any peculiar or interesting case which may occur in this extensive institution.

The manner in which the investigation was prosecuted was on the most simple plan. Whenever a primary ulcer on the genitals occurred, which was destitute of the characteristics of chancre, *the hardened edge and base*, it was treated without the exhibition of mercury; and the same system was pursued in those cases of constitutional symptoms which had a doubtful appearance. *The scaly syphilitic blotch*, as described in page 129 of Willan on Cutaneous Diseases, and the *excavated ulcer of the tonsil*, as described in page 482 of Hunter, † were alone esteemed to be syphilitic, and treated with mercury.

* The constitution of the Lock Hospital of Dublin has since been materially changed; it now only contains beds for the admission of females; and there are but two surgeons, one an attendant, the other a resident surgeon.

† The edition edited by Dr. Adams is referred to in this Work.

As to the affection of the bones: Whenever a patient complained of *nocturnal pains in the shafts of the long bones, or had a decided node or enlargement of the bone*, his disease was esteemed syphilitic and the use of mercury adopted;* but if the patient merely complained of pains in his joints, or if there was an indication, that the coverings of the bone only were affected by an inflammatory swelling, of a doubtful character, an occurrence which was not unfrequent, the employment of mercury was postponed, until the nature of the disease manifested itself by indubitable syphilitic appearances.

All the cases which did not coincide with these appearances, were carefully noted in the following manner:—

1st.—The appearances of the patient at his admission were marked down; his statement of his complaints, as far as could be collected from him, previous to his admission, was added; and, lastly, the progress and treatment of his disease were noted, in general, but once in a week, but oftener, if the symptoms required any change of treatment.

The cases were noted before an intelligent class of pupils; and the information contained in the following work, was detailed in general and clinical lectures during the two last winters, in which the nature of the diseases that have been confounded with syphilis, were elucidated by a frequent reference to the noted cases, and the pupils had opportunities of observing every variety of the symptoms of these diseases on the patients themselves in the hospital, and of contrasting them with those of true syphilis.

As a number of isolated facts can only acquire importance by leading to general conclusions, so it will be necessary in this work, in order to render it useful, to take a short view of circumstances already known. In the first instance, therefore, a brief view is taken of some morbid poisons, which stand in nearest relation to venereal diseases; under which denomination are included all complaints propagated by sexual intercourse: and the term syphilis is restricted to that disease supposed to be brought to Europe by the followers of Columbus, about the conclusion of the fifteenth century. The symptoms of syphilis are next adverted to;† and afterwards,

* It will be found in the sequel, that nodes occurred in other forms of venereal disease, besides that esteemed truly syphilitic, and were treated successfully without mercury.

† In the present edition this order has been reversed; syphilis, under the term of scaly venereal disease, from the character of its eruption, is the last considered.

the more immediate object of the work is entered on at large. By which preliminary matter, the nature of the pseudo-syphilitic diseases, as they are termed by Mr. Abernethy, and the relation in which they stand to syphilis, and other contagious disorders, will be more clearly understood.

Some novel, and probably important matter, will be found in the chapter which treats of syphilis; and those chapters that relate to the diseases which have hitherto been confounded with syphilis, are altogether the fruits of the author's observation under the plan already explained.

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PREFACE

TO THE

SECOND AMERICAN EDITION.

INVESTIGATIONS relative to the nature and treatment of venereal diseases, commencing with the present century and carried on by some of the most able men of the age, have led to results subversive of the doctrines and practice hitherto inculcated by all the standard authors who have treated of this important subject. But it so often happens that innovations in medicine, though announced and received with all the eagerness and confidence of enthusiasm, are observed to sink when stripped of their novelty and specious gloss, that we are called upon to cherish suspicion as a professional virtue. It is only when this distrust becomes so great as to obscure reason and hinder inquiry, that it is to be considered as reprehensible; for it certainly behoves us, in the present imperfect state of our science, to embrace with pleasure all such desirable improvements as have withstood the test of time, and been confirmed by the experience of the intelligent and dispassionate. Such, we think, should be the reception of the new principles and practice presented in this work by Mr. Carmichael, who has not only shown himself entitled to the credit due to Mr. Abernethy and other skilful pioneers, but to the still higher merit of having reduced his acquirements to systematic order.

Perhaps there may be some who will think that the editor of the present American Edition has undertaken a useless task in superadding any thing to the work of the author. Although he could, if necessary, adduce many good arguments in favour of his undertaking, he will trust his justification to a very few.

Plants of one soil usually undergo some variation when removed to another. This order of nature applies with great force to diseases, so that modes of treatment however well adapted to the climate and other circumstances of one country are not often perfectly applicable to those of another.* Some

* *Differre quoque pro natura locorum, genera medicinæ; et aliud opus esse Romæ, aliud in Ægypto, aliud in Gallia.—Cels. Lib. 1.*

modifications will, therefore, often be found requisite to accommodate the details of foreign works to new localities. For want of such adaptation, principles and discoveries have been often abandoned which otherwise might have augmented our stock of useful resources. Hence the utility of such comments as serve to point out variations, and to correct or confirm opinions and practice of foreign origin. To this task the editor felt himself strongly inclined, from having for many years followed in the same track with the author. Such in fact has been the success of his practice founded upon similar principles, that, independently of the testimony of other physicians of this country, whose more ample opportunities have added the strongest confirmation, he ventures to recommend their general adoption with unhesitating confidence. Early led to commiserate the sufferings of those unfortunate fellow beings whom he beheld in hospitals and private practice a prey to inveterate disease, and almost sinking under *the remedy*, plans for amelioration were naturally suggested to his mind. He had been taught to believe that the slightest ulceration or abrasion upon the genitals called for the routine of salivation, which was seldom less than two or three months, and so violent as rarely to admit of recovery without some serious local or constitutional injury, and therefore felt no reluctance in abandoning a miserable alternative when he discovered a course far more humane and efficacious. The established practice seems indeed to have fully verified the old opinion that the cure of the venereal disease, often entrusted to empirics and unskilful persons, is attended with the greater difficulty, that the repentance may be proportioned to the crime of unbridled lust and lasciviousness. That such ideas were formerly held by enlightened persons, may be inferred from the language of Dr. Paman, who, in a letter upon the subject written to Sydenham, observes that—"he seems to have been touched with a sense of humanity and sin at the same time, who openly wished that this foul distemper might be but once cured." Although the wise and good Sydenham showed the most sincere inclination to alleviate with becoming humanity the condition of those whom thoughtlessness and greater faults had subjected to misfortune, it may well be doubted whether his meritorious intention was achieved by his *scruple* doses of calomel and *moderate* salivations of two quarts a day.

It may not be amiss for the editor to state, that so far from being inimical to mercury, he ranks himself among the truest friends to the cause of that invaluable medicine, regarding

those as its greatest enemies by whom it is indiscriminately and injudiciously employed. Those surely have reason to estimate its value most highly who find it can be employed with little or no inconvenience or injury to the patient, and with a certainty of its performing a cure. The popular notion of a mercurial disease superseding the venereal, he has always considered as founded in error, the specific title being generally misapplied to an aggravated train of syphilitic symptoms occasioned by the injudicious or immoderate use of mercury. As well might we call the injurious effects arising from the improper administration of Peruvian Bark, for the cure of an autumnal fever, *the Bark disease*. The misnomer in the one instance would not be exceeded by the other.

Among those whose authority has greatly contributed to sanction and favour the doctrines of Mr. Carmichael on this side of the Atlantic, the name of Professor Chapman stands deservedly conspicuous. From one of those coincidences which are by no means unfrequent in the relations of this and the mother country, he was early induced by the course of his inquiries to adopt and publicly inculcate in this city, views relative to venereal diseases very similar to those subsequently promulgated by Mr. Carmichael. The first edition of this work was gladly received, and promptly ushered before the public by him. In his preface, he expresses his gratification at the support it afforded to his sentiments, hitherto regarded as abominable heresies, and recommends it in strong terms to the students of the University of Pennsylvania. The value of the present work is greatly enhanced by a very considerable accession of original matter, the new and improved arrangement of the materials, a useful synopsis, additional plates, and what is of no less consequence, the increased weight to which the doctrines are entitled, from the ten years experience which they have since received. The editor has endeavoured to make the American copy more convenient as a book of reference for the practitioner and student, by the addition of a copious index, and the introduction of practical notes wherever the text appeared to be deficient in detail.

G. EMERSON.

Philadelphia, November, 1825.

THE HISTORY OF

THE

REIGN OF

CHARLES THE FIRST

BY JOHN BURNET

ESQ.

IN TWO VOLUMES

THE

FIRST

VOLUME

CONTAINING

THE

REIGN OF

CHARLES THE FIRST

ESQ.

IN TWO VOLUMES

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3. The third part of the report discusses the implications of the results and suggests directions for further research.

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5. The fifth part of the report contains the references and the appendix.

6. The sixth part of the report contains the acknowledgments and the author's address.

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AN ESSAY
ON
VENEREAL DISEASES,
AND
THE USES AND ABUSES OF MERCURY
IN THEIR TREATMENT, &c.

CHAPTER I.

*OBSERVATIONS ON THOSE MORBID POISONS WHICH STAND
IN NEAREST RELATION TO THE SYPHILITIC, AND EVIDENCE
OF THE EXISTENCE OF VENEREAL DISEASES
WHICH DO NOT ARISE FROM THAT POISON.*

IT is a curious fact, that morbid poisons, which excite considerable fever, such as the small pox and measles, yield to the powers of the constitution, and are capable of a spontaneous cure, while, on the contrary, the poison of syphilis, which produces scarcely any fever, or one so low as in general to escape observation, yields so slowly and imperfectly to those powers as commonly to require, for its extinction, the intervention of art. In the former instance, the increased action of the system is suffi-

cient to overcome the poison; but, in syphilis, it seems to be nearly, if not altogether, insufficient. Thence, it would appear, arises the necessity, in this disorder, of artificially raising an action by means of mercury; which, though capable of superseding the influence of the poison, does not, however, extinguish, like the natural fever in small-pox, the susceptibility of receiving the disorder again.

From the accounts we have had of the yaws, a disease common among the African slaves in the West Indies, it seems to arise from a poison which holds a middle station between those of small-pox and syphilis, and has many symptoms which resemble those of both disorders. It may be suspended, but cannot be cured by mercury, or any other remedy as yet discovered; and the unassisted powers of the constitution, after a struggle of many months, at length subdues the poison, and the patient loses afterwards all susceptibility of the disease. The pustules in small-pox and yaws, we are told by Doctor Adams, in his observations on a case of the latter disease, are much alike;* each begins with a pimple, the law of each is to induce a slough, and each has its period and decline; the powers of the constitution being in both equal to the cure. The constitution is susceptible of either but once during life; but the chief difference between them is in the slower progress of the yaws, which commonly continues for many months before it is exhausted.

* See Adams on Morbid Poisons, 2d ed. p. 196.

The ulcers of the throat which attend this disease, resemble those of syphilis so nearly, that, according to the same practitioner, it is impossible to distinguish the one from the other; and this circumstance and the pustular eruption of the skin, which resembles that of small-pox, would lead us to class it as the connecting link between syphilis and small-pox, in the chain of contagious diseases.

Dr. Bateman observes, in his *Synopsis of Cutaneous Diseases*, "that the practitioners in the West Indies soon learned by experience, that active preparations retard the natural progress of the yaws, and that mercurials, although they suspended it, and cleared the skin of the eruption, yet left the patient still susceptible of, or rather, still impregnated with the virus; which speedily evinced its presence by a re-appearance of the symptoms more severe and tedious than before. In truth, the disease, it would seem, like the pustular and exanthematous fevers of our own climate, will only leave the constitution after it has completed the various stages of its course, and removed the susceptibility of the individual to future infection; and no medicine, yet discovered, has had any influence in superseding this action, or in accelerating its progress. Unless, therefore, any urgent symptoms should require alleviation, (which seldom or never happens,) it is adviseable to dispense with the administration of medicine, and to be content with restricting the patient to a moderate and temperate regimen, during the first stage of the malady. When the eruptions begin to dry, or as soon as they

cease to multiply and enlarge, the disease seems to require the same management as other slow and superficial ulcerations, accompanied with a cachectic state of the system; viz. a light but nutritious diet, a dry and wholesome air, warm clothing, moderate exercise, and a course of tonic medicine, especially of sarsaparilla and cinchona, with the mineral acids, or with antimonials, and small doses of mercury, according to the circumstances of the individual habit. The effects of mercury, however, exhibited so as to excite salivation, as the early West India practitioners recommend, seem to be of a very questionable nature, especially when it is unaccompanied by the vegetable decoctions; and, it is certain, that patients have, in some cases, soon recovered under the use of the latter, when the mercurials were omitted. The native Africans employ decoctions of the bark of two or three trees, which are gently purgative as well as tonic; and likewise wash the sores with them, after carefully removing the crusts.”*

Such are the observations on the yaws, which Doctor Bateman has collected from the writings of Doctor Winterbottom, and other medical men, well acquainted with the disease in the West Indies. Upon reading them, I was forcibly struck with the strong coincidence which exists between that disease, and the constitutional form of some of those complaints which have been hitherto confounded with syphilis. This coincidence is not only striking, with re-

* Dr. Bateman's Synopsis of Cutaneous Diseases, p. 313.

gard to their form, the eruptions being alike composed of papulæ and pustules, and attended with pains in the joints; but also, in the circumstance, that, like the exanthemata, they will run their course, and not relinquish the constitution till they have completed their various stages. This is a remarkable fact, and will be elucidated in the course of this work, by the statement of a great variety of cases. We shall find that the exhibition of mercury, in those resembling diseases, produces the same effects as when prescribed for the yaws, viz. it may suspend the disease and clear the skin of the eruption, but will leave the patient still impregnated with the virus, which evinces its presence as soon as the mercurial irritation has subsided, by a re-appearance of the eruption, or affections of the periosteum bones, and other deep-seated parts.

It is supposed by many that sivvens, a disease endemic in Scotland, is a peculiar modification of syphilis; but Doctor Adams who took particular pains to investigate the nature of this disease, and visited Scotland for the purpose, is of opinion that it is different, although approaching nearer to it than any other morbid poison with which we are acquainted. The primary ulcers of the two diseases have this difference, that the syphilitic are attended with a callous edge and base, and sivvens consists only in the clean phagedenic ulcer. In this particular, as well as in several others, it appears to bear a very close resemblance to that form of venereal disease which I have termed phagedenic.

The eruption is pustular, and hardens into a dark

brown crust. In syphilis we shall find that the eruption is scaly. Another circumstance universally admitted, with respect to sivvens, in which it differs from syphilis, is, that it never attacks the bones but by the extension of an ulcer of the soft parts in their vicinity.*

The primary symptoms of sivvens, we are informed, usually take place on the lips and mouth, the disease being commonly communicated by drinking out of a vessel, or smoking with a pipe which had been previously used by a person infected; and Doctor Adams remarks, that the ulceration can hardly be propagated, like syphilis, by the genitals, on account of the rapidity of the primary ulcers, which are attended with high inflammation. But, before we discard the supposition of its being disseminated by sexual intercourse, we should recollect, that phagedenic ulcers, attended with high inflammation, are every day to be met with on the parts of generation.

When we consider the constant communication that exists between the people of that part of Scotland where the disease is most prevalent, and the inhabitants of the north of Ireland, it would be extraordinary to believe that the disease has not been communicated to this country: and, in fact, I am informed, by a medical friend, well acquainted with sivvens, that he met with many instances of it in the county of Antrim, but particularly in Belfast. It cannot be supposed, that the disease would re-

* Adams on Morbid Poisons, p. 187.

main confined to the north of Ireland, if once admitted into it; and I long suspected, that cases of sivvens were to be met with every day in the Lock Hospital of Dublin, as I had observed many patients whose symptoms strongly resembled those which were pointed out to me in the hospitals of Edinburgh and Glasgow, as constituting that disease. These conjectures were afterwards verified; for in the summer of 1812, Doctors Hamilton and Heenan, of Glasgow, visited the Lock Hospital with me, and recognised the disease as that with which they were well acquainted in Scotland. The disease was in its constitutional form, and exhibited a good number of ulcers about the size of a shilling, covered by large brown irregular crusts, and accompanied by a few pimples and pustules.

This eruption disappeared under the use of solution of corrosive sublimate, and decoction of sarsaparilla; but, the above-mentioned practitioners informed me, that though the disease may be suspended by mercury, it will return after the most protracted courses of that medicine; an event which I have myself witnessed in more cases than one in the disease, which these gentlemen recognised as sivvens.

There is a very imperfect account of a disease nearly resembling sivvens, by Doctor Swediaur, which made its appearance in Canada, shortly before 1785, and became so general in that year, that five thousand eight hundred persons were discovered to be infected with it, besides many who concealed the disorder. The disease, we are informed,

from the statement of a Mr. Bowman, "first manifests itself by little ulcers on the lip, tongue, and inside of the mouth. These ulcers are of a very corrosive nature, and were observed in many children to have nearly destroyed the tongue. They first appeared in the form of little pustules, filled with a whitish purulent matter; the poison of which is so infective, that it communicates by eating with the same spoon, by drinking out of the same vessel, by smoking with the same pipe, nay, it is even observed that it is communicated by linen, clothes, &c." We are also told that it seldom affects the genitals, and that, like the small-pox, "it is capable of being communicated without immediate contact or coition."—"Children form a large proportion of the infected."

The constitutional symptoms of this disease have a near resemblance to those of syphilis, sivevens, and the yaws, and chiefly consist of "buboes in the axillæ, groin, or throat, which sometimes inflame and suppurate, and at others, remain hard and indolent." Also "tettors, itching crusts, and ulcers, which appear coming and going in different parts of the body." "Pains in different parts, which increase during the night time, or when the patient takes some violent exercise."—"The bones of the nose, palatum, cranium, clavicula, tibia, arm and hand, grow carious, or tophi appear in several parts of the bones; at last, pains of the breast, cough, loss of appetite, sight, hearing, smell, and falling off of the hair, close the scene before death." The disease we are told is contagious in all its stages, and may continue to

harass the patient for many years; but it is worthy of observation, that Mr. Bowman saw some children who recovered without the aid of medicine.

The mode of treatment is very imperfectly detailed. We learn "that dock and burdock roots, sarsaparilla and spruce have been generally made use of, and with some appearance of success: most success, however, has been observed from a decoction of the branches of hemlock spruce, (a tree so called on account of the resemblance of its smell to hemlock;) but we are afterwards informed, that none were cured radically without mercury, and that it is necessary to continue that medicine three weeks after all symptoms have disappeared."*

From the whole of the information to be derived from the imperfect account of this disease in Doctor Swediaur's work, I should be inclined to infer, that, like the yaws and sivvens, it is capable of yielding to the powers of the constitution, and that mercury is only of service, when the disease is on the decline, and has begun to yield to those powers. For if that medicine was capable of curing the disease, with the same certainty as attends its employment in syphilis, we should not find those vegetable remedies resorted to in the first instance, which, according to Mr. Bowman's account, greatly forwarded the recovery of the patients; yet it seems they were not radically cured without the assistance of mercury, although in another place, we are inform-

* Practical Observations on Venereal Complaints, p. 169.

ed, that some affected with the disease, recovered without the aid of that medicine.

However, the circumstances detailed, I conceive, afford sufficient grounds to conclude, that the Canadian disease is not syphilitic, but that it is another instance of a contagious malady which commences with ulceration, and is followed by bubo, eruptions, and ulcers of the skin, pains, nodes, and caries of the bones. A train of symptoms very generally supposed to appertain exclusively to the syphilitic poison, but which, as I hope to convince my reader, may derive their origin from primary ulcers which are not syphilitic, and are still more common in this country than syphilis itself.

There is another disease similar, if not identical with sivvens and the Canadian distemper, which infests the maritime parts of Norway, some provinces of Sweden, and the northern parts of Russia. It is also found, as we learn from Callisen, on the shores of Iceland, in all the Feroe Islands and in some provinces of Scotland. This disease, which is called *radesyge* by the Norwegians, and is denominated *lepra septentrionalis* by Callisen,* commences with the premonitory symptoms of lassitude, want of appetite, severe pains resembling those of rheumatism, rigidity of the limbs, dyspnoea, and violent headach; the face either assumes a singular shining silvery appearance, or a deep red or livid colour. These feverish symptoms may continue for many

* *Systema Chirurgiæ*, tom. i. p. 490.

months, before the formidable train of maladies to which they are the prelude, ensues. A dry branny efflorescence of the skin first takes place; the regenerated cuticle gradually becomes more rough and thickened. In many patients there occurs an eruption of small spots of various colours not larger than flea bites. These appearances are, however, but the precursors of copper-coloured tubercles or knots on the skin, and herpetic spots on the forehead, nose, chin, lips, and eyebrows; afterwards they become scattered over every part of the body.

The integuments of the forehead become thickened and corrugated, the eyelids swell and are everted, the bloated cheeks assume a livid colour, in fact the entire countenance becomes frightfully distorted. The spots afterwards degenerate into malignant ulcers, which even extend to the bones underneath, and render them carious. Every part of the fauces is also liable to be affected with similar tubercles and ulcers which extend to the nares. The bones of the palate and nose soon become carious. Frightful deformity ensues; and the patient, exhausted by so great an extent of disease, dies of hectic fever.

Such is the account of a malady which has long ravaged the coasts of the northern peninsula. It has of course attracted the particular attention of the medical men of Norway. I have had the advantage of conversing with a respectable member of that body, Doctor Holst of Christiana, when he visited this city a few years since, on the subject,

and from whose accurate work* I have chiefly taken the above detail.

It is not considered by him, or I believe by any of the numerous authors who have written on the subject, as arising from sexual intercourse, but is attributed to the mode of living followed by the northern Swedes and Norwegians, but more particularly by the fishermen inhabiting the coasts of these high latitudes. Indeed he draws a picture not very inviting of rural life in this part of the world. Their houses or huts are low, damp, and rarely consist of more than one apartment, in which the entire family (with the smaller domestic animals of the establishment) remain for many days and nights together, and in which they eat, drink, and cook their victuals. Into these wretched hovels the air is never intentionally admitted, the windows, which are scarcely pervious to the light of the sun, being always closely bolted down. The fishermen returning from their laborious occupations in these rainy and stormy regions hang their clothes soaked in wet, or embued with the filth of fishes, to dry in their smoky huts, which still adds to the impurity of the air. The food of the inhabitants is of the most rancid description, and consists chiefly of salt dried beef and pork, and too often semi-putrid fish. They have no esculent vegetables; and are frequently under the necessity of using in place of bread the pulverized bones of fishes, or the dried

* *Morbis quem radesyge vocant, &c. auctore Frederico Holst, M. D. Christiana, 1817.*

fish itself, mixed with the bark of trees or with Iceland moss.

Is it then to be wondered at that people leading such a life, living on the most rancid, indigestible food, breathing a pestilential atmosphere, and filthy in their persons, should suffer the necessary consequence of such habits in the attacks of the dreadful disease in question?

The chief part of Dr. Holst's work is occupied with a consideration of the best mode of averting this evil, and it consists of course in recommending ventilation, cleanliness, bathing, and the cultivation and use of esculent vegetables.

We learn from Callisen, that the disease admits of cure during the first stage, before the eruption occurs, and even afterwards, under favourable circumstances. The *methodus medendi* consists in removing all the causes of the disease enumerated; the use of baths, and a milk and vegetable diet, with fresh animal food. With respect to medicine "cicutâ, trifolium fibrinum, cortex ulmi, rosmarinus sylvestris, evacuentia leniora, et antimonialia," are those he recommends. As to mercury, he observes, that carried to the extent of salivation, it always proves injurious; and that all external repellents are to be strictly avoided, as they drive the disease from the surface to the more important internal organs.

Doctor Holst, from the circumstance that this disease begins with fever, which ushers in an eruption, conceives that we would be right in classing it with the exanthemata, were it not for its tedious-

ness; and therefore places it between the exanthemata and cachexiæ.* I leave this objection for others to consider; for my own part, since it possesses the true essentials which characterize the exanthemata,—fever followed by eruption,—I should feel no hesitation in placing it amongst them.

It appears to me extremely probable that sivvens is the same disease, rendered milder by the improved habits of the peasantry of Scotland, and the use of vegetable aliment; and that this is the distemper to which Callisen alludes, when he says that the *lepra septentrionalis* is found in Scotland.

There is an eruption, peculiar, I understand, to this country (Ireland,) termed by the natives the Button Scurvy. It has not, I believe, been mentioned by any medical writer, and certainly has not been noticed by either Willan or Bateman. It is so general that I am seldom without a case or two of it in the hospital; but never yet saw an instance of it in the better ranks of society; nor even among the manufacturers or artisans who live in the city. In the instances I have seen, as far as my recollection extends, it was only found among the peasantry engaged in agriculture. The spots of this eruption are convex *tubercles*, varying from the size of a split pea to that of a shilling, seldom so large as half-a-crown; they exhibit an appearance somewhat like the surface of a raspberry, and discharge a white tenacious matter, which forms thin yellow crusts,

* *Hisce expeditis abstrusi mali naturam adeo tamen perspectam cognitamque habemus, ut inter exanthemata cachexiasque idem referre audeamus.* Holst, p. 37.

that are in general rubbed off by the patient's clothes. The spots are seldom seen on the face, but are scattered over the trunk and extremities, and are almost always observable on the inside of the thighs, or close to the axillæ. The general health does not appear disturbed; but whether it is ushered in by pyrexia, I have not ascertained, not having witnessed any case at its commencement. This disease, which continues for months, nay, years, on the same individual, is generally cured by the use of the tepid bath, and the exhibition of pitch pills, in as large doses as the stomach can bear, in the course of six or seven weeks. I notice the disease here, because the eruption might be readily mistaken by those unacquainted with it, for that which attends the phagedenic venereal disease; and because I believe that no account of it has as yet been published. As it is found only in one class of society, it is probably owing to the peculiar habits of that class; and the smoky, unventilated, and filthy state of the habitations of the majority of the peasantry of this country, with inattention to personal cleanliness, may well account for the presence of any chronic cutaneous disease. Whether or not it is infectious I am ignorant; but believe it is not, although it is generally thought to be so by the country people.

The organs of generation are subject to a variety of ulcers, destitute of the characteristics of chancre—the hardened edge and base; yet most practitioners look on them as chancres, and treat them as such, imagining that inflammation, peculiarity of consti-

tution, or some accidental circumstance, has deprived them of the usual character of the primary syphilitic ulcer.

To discover whether chancres may be altered by peculiarity of constitution, or accidental causes, we should look to the analogous symptoms of other contagious diseases, and inquire, whether the pustule of small-pox, or the vesicle of cow-pock is ever so altered, as no longer to display the characteristic marks by which they are distinguished the one from the other, and from all diseases with which they might be confounded.

It must be admitted that these diseases are obedient to certain laws, from which there is seldom or ever any departure; and if any deviation does occur, it is not sufficient to deprive the disease of those characteristics by which it is distinguished from other disorders. Thus, small-pox is seldom so varied from its usual appearance, as to be mistaken by any practitioner of experience for any other disease. It is the particular law and character of the small-pox poison, as Doctor Adams remarks, to form a slough under every individual pustule, and this essential property of the disease is never wanting. We never find, says that accurate observer, the pustules running into phagedenic ulcers, or throwing up a callous edge and base like chancre. If the disease is in excess, as when the pock is confluent, the character of the poison is only more strongly heightened, and the sloughs become more extensive.

Cow-pock is as strong an instance of the same re-

gularity. If the vesicle of the cow-pock is broken, we often find a troublesome ulcer succeed, yet the areola is never absent at the usual period, which is looked upon by many as the most marked character of that poison. The yaws, sivvens, and other poisons mentioned, seem to have their appropriate laws and stated appearances, from which there is no departure. Why, therefore, should we suppose that peculiarity of constitution, or any adventitious circumstance, should prevent the syphilitic poison from producing its accustomed and characteristic effects? It is rational to think, that its laws are as invariable as those of small-pox, cow-pock, or any other morbid poison with which we are acquainted. But, in those ulcers which have hitherto been considered as syphilitic, we should expect the presence of the hardened edge and base, if they were caused by the poison of syphilis; and, in the phagedenic and sloughing ulcers, whose ravages seem to have arisen to the very acme of virulence, we should naturally expect to find the hardened edge and base marked with the greatest strength of character; yet, we find, on the contrary, these peculiarities are totally wanting, from the mildest to the most destructive of those ulcers.

In an inquiry like the present, it should not be forgotten, that the very organization, secretions, and functions, of the genitals, dispose them to ulceration beyond all other parts of the body.

They are organized in the highest degree; their secretions are various, their functions complicated with those of the urinary organs, they are at one

moment in a state of quiescence, and the next in a state of the highest excitement.

Their secretions, particularly in the female sex, are liable to become vitiated, and consequently acrimonious and irritating, and the same effect may follow from inattention to cleanliness. The parts of generation must, therefore, be disposed more than others, to derangement in their functions, and, consequently, more subject to the ravages of ulceration.

Since Mr. Hunter's work upon the Venereal Disease, it is very generally admitted, that not only certain modifications of animal matter, but the healthy secretions of one animal applied to a susceptible or crude surface of another, is capable of exciting ulceration. It is unnecessary to add how frequently this occurrence must take place during sexual intercourse; and, from the facts and observations brought forward by Mr. Hunter, and Mr. Abernethy, it appears that this local ulceration may be followed by constitutional symptoms, resembling, in some degree, those of syphilis, viz. eruptions on the skin, ulceration of the throat, and affections of the bones.

These facts are proved and elucidated by those diseases which are induced by the suckling of children, and the transplantation of teeth, as mentioned by Mr. Hunter, and which I shall consider more at large in its proper place.

The frequency of ulcers on the genitals, not arising from the poison of syphilis, is fully proved by the testimony of authors who wrote on the subject previous to the latter end of the fifteenth century,

when syphilis was first observed in Europe, and who could not fall into our error of imputing every ulcer on the genitals to that source. Celsus describes eight species of ulcers to which the organs of generation are subject;* three of which are at present as common as the syphilitic ulcer, viz: an ulcer which causes phymosis, but is readily cured by detergent washes: and the phagedenic and sloughing ulcers; for the former of which he recommends the actual cautery, a certain proof of its obstinacy; and the other he describes as beginning with a slough, and which is prevented with difficulty from spreading to the bladder.

Other ancient writers, Greek, Roman, and Arabian, as Hippocrates, Galen, Paulus Æginetæ, and Avicenna, describe ulcers of the genitals as common and frequent occurrences.

The indefatigable Astruc, not contented by adducing a sufficient body of evidence to remove doubts from the minds of the most sceptical, in order to prove that syphilis was not known in Europe before the year 1494, also examines the writings of a number of physicians and surgeons, who lived before that time, which seemed to contradict these testimonies.

The following are a few of those passages, and are confined to authors who flourished between 1270 and 1470; and by them we are distinctly informed of the infectious nature of some ulcers of the genitals:—

* Celsus, Edinburgh edition, 1809, p. 330 to 335.

“Gulielmus de Saliceto, a physician of Placenza, observes, in his chapter *De apostemate in Inguibus*, that a bubo sometimes comes upon a foulness of the penis, contracted by lying with a slovenly woman.”

“Lanfranc of Milan states, that ulcers proceed from hot pustules growing upon the penis, which afterwards burst, or from sharp humours ulcerating the part, or from coition with a foul woman, who had lately had to do with a man whose penis was ulcered.”

Bernard Gordon, Professor of Physic in the University of Montpellier, states that the diseases of the penis are numerous as impostumes, ulcerations, cancers, inflation, pain, and itch.”

“Guido de Cauliaco, in his *Chirurgia Magna*, also treats of heat and foulness of the penis from lying with a foul woman.”

“Velescus de Taranta, Professor of Montpellier, in his Chapter *de Ulceribus et Pustulis Virgæ*, states, that ulcers break out upon the penis from coition with a woman who has an ulcer in the matrix.”

“And, lastly, Peter de Argeleta, of Bologna, Doctor of Arts and Physic, has a chapter, entitled *De Pustulis quæ adveniunt Virgæ, propter Conversationem cum fœda Muliere, quæ albæ sunt vel rubræ.*”*

Astruc contends, that the different ulcers and buboes, mentioned by these authors, could not have

* See Astruc, Book I. p. 41.

been syphilitic, because they were found to yield to external applications, and that internal medicines were not thought necessary. "Whence it is plain," he says, "they did not treat of venereal ulcers, which are not so easily cured."

He also adduces the testimony of John de Vigo, who wrote about the period in which syphilis first became known; and who, as might be supposed, found it necessary to lay down diagnostics, by which the new disease, syphilis, might be distinguished from the ulcers to which the parts of generation were at all times subject.

After describing the characters of those ulcers of the genitals, which were at all times known, John de Vigo proceeds (lib. v. cap. 1.) to detail the appearances of the new disease, and states, "That venereal pustules, from infectious coition, arise in the genitals: viz. in the vagina in women, and on the penis in men, and are sometimes of a livid colour, sometimes black, and sometimes whitish, *with a callosity surrounding them.*"

It is satisfactory to remark how soon the surrounding callosity of chancre caught the observation of practitioners, and how early it was esteemed the characteristic and distinguishing mark of the primary syphilitic ulcer; but the necessity of attending to this discrimination was soon forgotten, and has been, to this day, most strangely neglected by the great body of practitioners.

Those other ulcers to which the parts of generation were at all times liable, began soon to be confounded with the new disease; and we find authors

stating, that it was only occasionally that the callosity surrounded venereal ulcers. Nicholas Massa, for instance, in the year 1532, observes, "that frequently obstinate ulcers on the penis appear, attended with surrounding induration, which are cured with great difficulty." And Aloysius Lobera, physician to Charles V. about the year 1540, says, "that sometimes the patient is affected with ulcers on the penis, which are hard and callous, and that this appearance is a certain mark of the French disease."*

But to return to our subject, we learn from the authorities collected by Astruc, the prevalence of infectious ulcers on the organs of generation, long previous to any knowledge of syphilis. But the most curious document he produces on the subject, is a transcript of the statutes made by Jane I. Queen of both the Sicilies, and Countess of Provence, for the regulation of the public stews established at Avignon in 1347. He takes no small pains to confirm their authority, but whether their truth, or the decorum of the high personage to whom they are ascribed, stand in the most questionable predicament, I shall venture to quote the fourth of these very salutary enactments, which is as follows: "The Queen commands, that on every Saturday, the women in the house be singly examined by the abbess, and a surgeon appointed by the directors; and if any of them has contracted any illness by their whoring, that they be separated from the rest, and not suffered to prostitute themselves, for fear the

* See Astruc, Book I. p. 97.

youth, who have to do with them, should catch their distempers.”* In fine, there is scarce an authority collected by Astruc, which does not, directly or indirectly, point out the infectious nature of the ulcers in question, and inform us, that buboes were frequent attendants upon them: but, it must be acknowledged, that we do not find any intimation that constitutional symptoms were observed to follow the attack of the ulcers. With the view to ascertain this fact, I shall examine the writings of Mr. William Becket. But even if we were without any testimony whatever, that constitutional symptoms were the consequence of these venereal complaints, which, as we have seen, infested Europe at all times before syphilis was known, it does not follow that such symptoms did not exist. For although the ancients may have had them before their eyes every day, yet they might not have had any suspicion of their origin, or a conception of the connexion that exists between the primary ulcer of a morbid poison, and the constitutional maladies which follow it. Even when syphilis first appeared, it was thought to be epidemical; and, like other pestilential distempers, to be owing either to “the malignant influence of the stars,”—“an unwholesome disposition in the air,”—“a spontaneous corruption in the humours contracted by an error in diet, or the abuse of the non-naturals.” Of the latter opinion we find was Benedict Victorius; who, in the third chapter of his book, *De Morbo Gallico*, published

* Astruc, Book I. p. 61.

in Florence in 1551, protests, "that he is firmly persuaded, that the infection itself is not absolutely necessary for producing the venereal disease; but that the state of the air, together with that of the putrid humours, are sufficient." But, to put the matter beyond all doubt, he testifies, "that he happened once to know some honest and religious nuns, who were confined in the strictest manner, unfortunately contract the venereal disease from the peculiar state of the air, together with that of the putrid humours, and the *weakness* of their habit of body."*

It was supposed for several years, that the infection of syphilis was conveyed, like the plague, from one person to another; hence, those who were infected, were driven from society into the very forests; and, in large cities, it was conceived necessary to provide for the public safety, by the most severe laws against these unfortunates. Thus, there is extant a decree in the acts of the parliament of Paris, dated the 4th of March, 1496, by which such as were infected with the venereal disease were prohibited, under pain of death, from conversing with the rest of the world, and obliged to retire into the suburbs of St. Germain's, to places set apart for their reception."†

In the year 1717, Mr. Becket, the writer I have alluded to, presented a paper to the Royal Society, in which he endeavours to prove the antiquity of

* Astruc, Book II. Chap. I. p. 118.

† Astruc. Book I. p. 110.

the venereal disease, and that it was known long before the discovery of the West Indies. He undoubtedly fails in his prime object, but he sufficiently demonstrates the frequent occurrence, at the period in question, of gonorrhœa, and ulcers of the genitals, as also constitutional affections, which were esteemed to be symptoms of leprosy.

In this enquiry, he confines himself entirely to those diseases as they occurred in England. He contends, that the term *brenning*, or *burning*, for many hundred years was used to signify the same disease which we now call a gonorrhœa. This he endeavours to prove in many ways.

1. There were licensed stews in those times, under certain rules. Among the regulations relating to the lordship of Winchester in 1162, it is ordained, that no stew-holder shall keep any woman who hath the perilous infirmity of burning, under the penalty of a hundred shillings; which was a very sufficient precautionary measure; for it has been ascertained that such a sum, in that day, was equivalent to seventy-five pounds of our money.

2. He quotes a passage from the manuscript of John Arden, surgeon to Richard II. in 1380, in which the *brenning* is defined to be an inward heat and excoriation of the urethra, and capable of being cured by local means. Among several passages which he quotes from old English authors, the following is most deserving of attention. It is from a work written by Andrew Boord, Doctor of Physic and Romish Priest, printed in the reign of Henry VIII. in the year 1546. "If a man," he says "be

burnt of with a harlot, and do meddle with another woman within a day, he shall burn the woman that he shall meddle withal;" and, as an immediate remedy against the burning, he recommends the "washing of the pudenda two or three times with white wine, or else with sack and water; but if the matter have continued long, he prudently advises the patient to go to an expert surgeon, to have help."—"In another chapter, he gives advice what is to be done if the patient gets a dorser or two; so called, from its protuberancy, or bunching out; for, at that time, the word bubo was mostly made use of to signify that sort of swelling which usually happens in pestilential diseases."

The subject is continued by Becket, in a second paper, inserted in the 31st vol. of the Philosophical Transactions, in which we find the following observations. "John Arden, surgeon to Richard II., takes notice of those contumacious ulcers, which we now call chancres, and the great trouble our ancient authors found in attempting their cure, sufficiently discover them to have had their original from a venereal infection." He afterwards proceeds to give a quotation from a manuscript in Lincoln college, by Thomas Gascoigne, Chancellor of Oxford, dated 1430, who states, that he knew many men to die of a disease gotten by a connexion with women, which caused a putrefaction of the genital organs and of the entire body; among whom was the celebrated John of Gaunt,* who, before his

* Mortuus est ex tali putrefactione membrorum genitalium et corporis sui causata per frequentationem mulierum.

death, sent for his nephew, Richard II., to witness the ravages of his distemper, and receive a salutary lesson from his misfortunes.

The remainder of Becket's paper is an endeavour to prove, that the venereal disease was constantly confounded with leprosy; and, indeed, he brings forward sufficient facts to evince, that diseases acquired by sexual intercourse, which afterwards affected the skin and the bones, were esteemed to be symptoms of leprosy.

With this view, he gives a quotation from John Gadissen, a very learned and famous Physician, that flourished about the year 1340. In a work he entitles *Rosa Anglica*, speaking of the mode of preventing infection *from connexion with a leprous person*, he says, "sed si quis vult membrum ab omni corruptione servare cum muliere recedit, quam forte habet suspectam de immunditie, lavet illud cum aqua frigida mixta cum aceto, vel urina propria intra vel extra preputium." "From hence," says Becket, "some of their leprous women, (as they called them) were capable of communicating an infectious malady to those that had carnal connexion with them; which proves, that the pudenda of women must be diseased, inasmuch as we are absolutely assured, that infections of that nature only happen where a sound part comes into contact with a diseased one; for the symptoms always first display themselves in those parts through which the virulency is first conveyed. Now, in a leprosy, we never meet with the mention of any disorder in those parts; which, if there be not, must absolutely se-

cure the person from having that disease communicated to him, by coition with leprous women; but, it proves, there was a disease among them, which was not the leprosy, although it went by that name." These observations of Becket, I conceive, are unanswerable, if it is allowed that leprosy is a disease incapable of being communicated by coition. On this part of my subject the following passage, in Dr. Bateman's *Synopsis of Cutaneous Diseases** is so apt, that I shall take the liberty of transcribing it. "Notwithstanding the care with which the separation and seclusion of lepers have been enforced, in compliance with the ancient opinion, there is great reason to believe, that elephantiasis is *not contagious*. M. Vidal long ago controverted that opinion, having never observed an instance of its communication from a leprous man to his wife, or *vice versa*, although cohabiting for a long series of years. Dr. T. Heberden daily observed many examples of the same fact, in Madeira; and affirms, that he never heard of any one who contracted the distemper by contact with a leper. And Doctor Adams has more recently given his testimony to the same truth; remarking, that none of the nurses in the Lazar House in Funchall, have shown any symptoms of the disease; and that individual Lazars have remained for years at home, without infecting any part of their family."

In those details we find strong reasons for believing, with Becket, that disorders which commenced on the organs of generation, and afterwards

* Page 296.

affected the constitution, were very general; *and that they were confounded with, and mistaken for leprosy.* Becket mentions, that it was very much the practice, among physicians in England, to smear the ulcers, which they conceived to be leprous, with mercurial ointment. This, on account of the great number of the ulcers, frequently brought on salivation; and the ulcers, to their astonishment, healed. But he argues, that as it is universally acknowledged that mercury does not cure a true leprosy, it follows, that those ulcers which became well under the use of that medicine, were not leprous, but belonged to another disease.

Venereal nodes on the bones, the same writer contends, were common before the time assigned to the introduction of syphilis into Europe; and "that they were termed by the old English writers, the Boon, or Bone Hawe; a name which gives us a perfect idea, not only of the part affected, but after what manner it was diseased; for the old English word *hawe*, signified a swelling of any part. Thus, for instance, a little swelling upon the cornea was anciently called hawe in the eye; and the swelling that frequently happens on the finger, on one side of the nail, was called the white hawe, and, afterwards, white-flaw."

Such are the facts stated by Becket; from which we learn, that a running from the urethra, and ulcers on the genitals, followed by diseases of the skin and bones, which yielded to mercury, but which were generally looked upon as symptoms of leprosy, were common in England before the period

when syphilis was first observed in Europe. We cannot conclude with him that these complaints were symptoms of a true syphilis, and that that disorder was at all times prevalent in Europe; because there exists the strongest evidence, in the writings of all medical authors, about the year 1500, that syphilis was a new disorder, and baffled the skill of the most eminent physicians. On the whole, it will scarcely be disputed, that syphilis was first brought to Europe by the followers of Columbus; and that, previous to that event, there existed, throughout the Old Continent, venereal disorders, both local and constitutional, which strongly resembled the new-imported disease, and, to the disgrace of our profession, (with two or three splendid exceptions) have continued from that day to the present, more than three centuries, to be confounded with it by the general body of practitioners.

It is to Mr. Hunter we are indebted for the first steps in an inquiry, which is of the greatest consequence to society, inasmuch as it is likely to prevent the indiscriminate and excessive employment of mercury, in diseases which do not require it, or are prejudiced, more or less, by its use. Mr. Hunter observes, "that diseases which resemble others, seldom do it in more than one or two of the symptoms; therefore, whenever the nature of the disease is suspected, the whole of the symptoms should be well investigated, to see whether it agrees in all of them with the disease it is suspected to be, or only in part. This observation," he continues "seems to be more applicable to the venereal disease than

any other; for there is hardly any disorder that has more diseases resembling it in all its different forms than the venereal disease; and when a disease resembles the venereal in some of its symptoms, but not at all in others, then those other symptoms are to be set down as the specific or leading ones of the disease to which it belongs, the resembling symptoms to the venereal being only the common ones." "Other diseases," he says in the same chapter, "shall not only resemble the venereal in appearance, but in the mode of contamination; proving themselves to be poisons, by affecting the part of contact; and from thence producing, not only immediate consequences similar to buboes, but remote consequences similar to the *leus venerea*."*

In elucidation of these opinions, Mr. Hunter relates some cases worth adverting to. The first case is that of a gentleman, who inoculated himself with the matter of yaws in his finger, while opening an abscess in the shoulder of a negro woman. In consequence, he was effected with tumours, which extended up the arm to the axilla; nocturnal pains in his bones, scabby eruptions in different parts of his body, nodes on the tibia, and ulceration of his throat. From the beginning he took mercury in large quantities, which seemed to have no effect upon the disease.

The next instance is that of a lady, whose milk being abundant, and her own child too weak to draw her breasts sufficiently, suckled a child, who,

* Hunter, p. 567.

it was afterwards discovered, had the thrush, of which it died tabid, with many sores on different parts of its body. The lady, at first, had several small ulcers about the nipples, followed by swelling of the axillary glands; the former healed, and the latter subsided in the course of three months. Immediately afterwards, the patient complained of shooting pains in different parts of her body, which were succeeded by eruptions on her arms, legs and thighs, many of which became ulcers. About two years afterwards, she was delivered of another child in a diseased state, the cuticle peeling off in various parts, and a scabby eruption covering the whole body. The child lived but nine weeks. The nurse to whom the child had been committed, complained of headach and sore throat, together with ulceration of the breasts; the bones of her nose and palate exfoliated, and, in a few months, she also died tabid, without having derived any benefit from mercury, with which she had been salivated.

On the various remedies tried by the lady herself, among which was mercury in a variety of forms, none succeeded so well as sea-bathing, and the Lisbon diet-drink, under which treatment the sores were healed.

After having had another child, who died under the same symptoms, in the course of a month after its birth, the sores broke out again, and although internal medicines were given, remained for a twelvemonth, when they began to heal. This case demonstrates, that poisons are evolved similar to the syphilitic in many respects, though not in all.

It also evinces, that, notwithstanding the use of mercury, they will pursue their course, and that the means most capable of removing their effects, are those calculated to increase the secretions, and strengthen the constitution. Mr. Hunter gives another remarkable instance in the same chapter, which still farther elucidates those principles, but I shall refer the reader to his works, as the detail is too long to be introduced.*

The several cases he relates of disease arising from transplanted teeth, which, I believe, no one of the present day will esteem to be syphilitic, offer corroborated evidence of the existence of diseases which closely resemble syphilis. Ulceration of the gum and jaw was the first symptom, and, in general, took place a month after the insertion of the transplanted tooth; blotches on the skin, ulcers of the tonsils, and nodes on the tibiæ succeeded. Two of the patients recovered without mercury; in others, the constitutional symptoms gave way to that medicine, but recurred several times, after the most severe courses.

This is particularly obvious in the third of those cases; the symptoms, we are told, yielded to corrosive sublimate, three years after the commencement of the attack, and Mr. Hunter remarks, "all who seemed to be cured by mercury, had not a treatment similar to those who are indisputably poxed." Mr. Hunter was of opinion, that not one of the persons from whom the teeth were taken, had the leu γ ve-

* See Hunter, p. 578, et seq.

neria. "When we consider that the girls from whom the teeth were taken, had not the least appearance of disease at the time, and had none when the disease broke out in the person who received the teeth, it becomes strange that it should break out in the receiver, and not in the giver. "For," he says in another place, "I consider it impossible for parts to have the power of contaminating, which are not themselves diseased; and, in these cases, the parts contaminating were never known to have been contaminated themselves.

"If it were asked, what is this disease, there would be more difficulty in answering what it is than what it is not. I should say, that a sound tooth transplanted, may occasion such an irritation as shall produce a species of disease, which may be followed by the local complaints above mentioned, and that *undescribed diseases, resembling the venereal, are very numerous; and what I have said, is rather to be considered as hints for others to prosecute this inquiry farther, than as a complete account of the subject.*"

This inquiry, which Mr. Hunter so happily commenced, has been followed by Doctor Adams and Mr. Abernethy. These gentlemen, after a farther pursuit of the subject, are of opinion, that not only a certain modification of animal matter, being applied to a susceptible surface of the body, will excite an ulcerative disease, but that the healthy secretions of one animal, when applied to a crude wound, or denuded surface of another, will also excite ulceration, of which Mr. Hunter's cases of

transplanted teeth, afford strong evidence; and that the ulcer thus formed, is capable of producing constitutional affections, which bear a resemblance to those of syphilis. Mr. Abernethy details several cases in support of this opinion, from which I shall select the first and third, as they are very brief, and elucidate sufficiently the subject under consideration.

CASE I.—“A gentleman was connected with a female who was kept by another gentleman, and derived, from such connexion, several very irritable and foul sores, which broke out on the prepuce, but which, however, had not the syphilitic characters. As neither the woman nor her keeper had any disease, he had no wish to take mercury, nor had I, being consulted on his case, any desire to recommend it to him. The sores did not heal until between two and three months, though a variety of local applications were employed. He at length, however, became perfectly well, and I cautioned him not be again connected with the same woman. But his inclination got the better of his prudence, and another crop of sores, equally irritable, foul, and tedious, took place, in consequence of a second connexion. These sores were treated in the same manner as before, and slowly healed. After some lapse of time he again erred in the same manner; and again received the same punishment. He had no constitutional disease from these sores.”

CASE III.—“A gentleman, lately married, complained to his surgeon of a running from the urethra, which so strikingly resembled a venereal go-

norrhœa, that the latter could not but ascribe it to infection. He had afterwards a swelling of the prepuce, and sores on that part, which confirmed the surgeon in his opinion, and produced a kind of dissention between his patient and him; the one affirming that the disease was venereal, the other, that it could not possibly be so, as his wife had no disease, and he had connexion with no other woman. The effect of this litigation was, that the surgeon would not urge the taking of mercury; nor would the patient require the administration of that medicine, though a bubo, sore throat, and eruptions succeeded; which could not be distinguished from similar complaints of a syphilitic nature, but all of which spontaneously got well."

Having, as I conceive, adduced sufficient evidence to prove, that ulcers on the generative organs, were at all times common before there was, in this part of the world, any acquaintance with syphilis; and that these ulcers were frequently followed by constitutional disorders; we must acknowledge the necessity of discriminating them from those of true syphilis, and from each other, and not condemn all however unlike, to a similar mode of treatment because they happen to be found on the same parts, and are produced by the same kind of communication. We might, with as much consistency, treat all ulcers of the throat alike, whether arising from scrofula, scarlatina, or simple inflammation; yet, strange to tell, at this improved period of surgery, and notwithstanding the valuable observations of

Mr. Hunter, Mr. Abernethy, and Dr. Adams, it is too generally the practice to treat every ulcer on the genitals as syphilitic, whatever may be its appearance, character, or distinction.*

* Notwithstanding the ingenious arguments adduced by the author in this chapter, there is still reason to believe him essentially wrong in his principal conclusions. Circumstances of a very decisive nature, lead to a belief in the identity of the source, as well as the great antiquity of all the forms of syphilis, and the consequent overthrow of the original title so long urged in favour of America. That all the forms of syphilis are as ancient as the custom of promiscuous intercourse between the sexes, is by far the most probable conclusion. Contrary to the general opinion, which admits this disease to be communicated and disseminated only by infection from one person to another, there is perhaps no medical fact better established than that it is likewise spontaneously generated by promiscuous venery. Our limits, however, will not admit of the proofs and arguments which might be adduced in favour of these positions.

E.

CHAPTER II.

GENERAL OBSERVATIONS ON VENEREAL DISEASES.--THEIR SPECIFIC DISTINCTIONS, AND APPROPRIATE MODE OF TREATMENT.

SINCE the first edition of this work was published in 1814, the treatment of venereal diseases without mercury, has been extensively tried, not only in Great Britain, but in all parts of the civilized world which have been visited by British troops.

The office of the Army Medical Board is, I understand, piled with volumes of reports on the non-mercurial mode of treatment; and we have every reason to expect that a digest of this extensive mass of papers will be published, under the auspices of the gentleman who so ably presides over the army medical establishment. I do not pretend to anticipate the precise conclusions which such a digest will afford; but this much I believe I may venture to assert, that ample experience has been afforded to prove, that every form and stage of venereal disease are capable of being cured without the aid of mercury; and that nodes and affections of the deeper seated parts seldom or never occur in those cases where mercury *has not been employed*.

The cure, in those cases non-mercurially treated, has been conducted chiefly by the aid of rest, cleanliness, astringent applications, antimonials, sar-

saparilla, and the antiphlogistic regimen. Collectively considered, recovery, it is thought, has been, in the cases thus treated, more slowly effected than when mercury has been employed. But even with this drawback, how important to medical science is a knowledge of the fact, contrary to all preconceived notions, that the venereal disease, in all its forms and stages, admits of being cured without the aid of mercury:—a medicine which, when employed with propriety, is one of the most useful and powerful instruments in the hands of the profession, but, when misapplied, is equally capable of producing the most baneful and destructive effects. Even those who still continue to consider mercury as the only specific (as they term it) for the cure of venereal diseases, may now fearlessly withhold it in those cases, where a consumptive tendency, or a morbid state of the constitution, would render its exhibition dangerous to the life of the patient; and even, if nothing more than this had been gained by the investigation of the last ten years, the benefit which it has conferred on mankind has been of no trifling importance. This will be allowed when we consider the multitudes, who were, previously to this investigation, and the numbers who still are, doomed to undergo for the slightest venereal affection, or even suspicion of such an affection, a regular course of six or eight weeks of that powerful mineral; under the superintendance, not always of the well-informed, but frequently of the most grossly ignorant pretenders to the profession.

I have said above, that the non-mercurial mode

of treatment in the cases, collectively considered, has been more slow in effecting a cure, than where mercury has been employed; but if we withhold that medicine when its employment may be dispensed with as useless, or avoided as dangerous, and if we have recourse to it when its adoption is likely to be attended with advantage, I shall venture to assert that the cure in all cases, collectively considered, will not only be far more certain, but by many degrees more rapid than by following either of the sweeping systems of exhibiting or withholding mercury in every case.

If I were obliged to follow either system exclusively, for which I see no possible necessity, I should certainly prefer the non-mercurial plan of treatment, as that which is fraught with far less dangerous consequences.

Mr. Chevalier, in his excellent little work on gunshot wounds, has shrewdly observed, on the practice which prevailed at the time of his publication, of dilating every gun-shot wound, that "it seems absurd to make the rule to dilate so very absolute, that a man must inevitably be cut, because he has had the misfortune to be shot." An observation somewhat similar, may be applied to the venereal sufferer, who may well complain that it is a sufficient misfortune to be disordered, without being dosed to death, by a remedy that is worse than the disease.

Mr. Chevalier sees nothing of obscurity in a gunshot wound, which ought to prevent us from treating it according to the general principles of surgery

applicable to contused and lacerated wounds; and, therefore, restricts the use of the knife to the attainment of a precise object; such as the extraction of an extraneous body, the suppression of hæmorrhage, or the division of a constricting fascia. And, on the same principles, let us restrict the exhibition of mercury to a precise object; such as the general principles of medical science would authorize, for the cure of the symptoms of a morbid poison without considering mercury as a specific, or the disease for which it is administered incomprehensible, and therefore only a fit object for blind empirical practice.*

We have been long taught to believe that mercury was the only remedy for every form of venereal disorder, gonorrhœa excepted. It was, therefore, high time to commence an investigation into the most suitable mode of treating venereal diseases, when every practitioner, even of very limited expe-

* The doctrine and practice here inculcated, may be regarded as a fulfilment of the prediction of the late Professor Rush, who, in his lectures, asserted it as his belief that the time would come when syphilis, like other diseases, would be treated upon general principles.

It was formerly the case, nay, among some of our respectable physicians the practice still prevails, that every person with sores on the genitals following a suspicious connexion, was immediately put under a mercurial course, without any regard to the nature or appearance of the primary ulcers. If the affection did not get well, or what was very commonly the case, became worse, it was considered as an evidence that enough mercury had not been used. The rubbing, and the pills, the washes and fumigations were consequently increased with diligence, and when all the evils were found to be aggravated, and the miserable patient died, or suffered mutilation, his fate was regarded as an incontestable proof that he had not received enough mercury into his system.

F.

rience, must have met with circumstances to shake his faith in the powers of the remedy, from perplexing embarrassments and inextricable difficulties accumulating upon him, as long as he persisted in the exhibition of his *specific*.*

But in order to preserve our faith unshaken, ingenious devices have been, from time to time, sagaciously resorted to. By one of these we learned, that not only the new symptoms which arose under the most severe courses of mercury, but even the old ones which resisted its influence, were attributable to the remedy, and not to the disease. Hence we have descriptions of mercurial chancres, mercurial ulcers, pains, nodes and swellings of the lymphatic glands of the neck. But in ascribing those symptoms to mercury, we have entirely overlooked this obvious circumstance, that *that* medicine, when exhibited even to profusion for liver, or any disease which is not venereal, has never in any one instance produced those effects.

With respect to the deteriorating influence of mercury, I am perfectly willing to allow that when it does not altogether supersede the actions of a morbid poison, it may so far alter or modify its symp-

* In excepting gonorrhœa from the forms of the venereal disease, for the treatment of which we have been taught to believe mercury unnecessary, our author has, perhaps, forgotten that even in this complaint some of our most able and orthodox medical authors, have inculcated the necessity of a mercurial course. Sydenham Rotherham, in his Notes to Cullen's Practice, and even the popular and modern work of Thomas, recommend mercurials as the only means to be trusted for its radical cure. Such recommendations are well calculated to extend the evils ascribed to mercury, by leading to its unnecessary employment. E.

toms, as to change, in a great measure, the appearance and natural progress of the disease; but this is essentially different from an admission, that the remedy will produce symptoms which can scarcely be distinguished from those of the poison itself.

Another device common to many arts and sciences, besides surgery, is an endeavour to conceal our ignorance, by the adoption of plausible and delusive epithets and appellations. The term syphiloidal I cannot but regard in this point of view. It is usually applied to those symptoms, which continue to linger after the patient has undergone full and repeated courses of mercury, and which that medicine was found incapable of curing. Those, therefore, who looked upon mercury as a certain cure for every form of venereal disease, found it necessary to give those unaccommodating symptoms a name; they therefore called them syphiloidal; which, if it means any thing, insinuates that something is present which resembles or appertains to syphilis, and which is not syphilitic. The coinage of this name, however, gave them an opportunity of relinquishing the further use of mercury, without making the mortifying acknowledgment, that they had been using, to a dangerous extent, a medicine incapable of curing the disease for which it was exhibited. These subterfuges were, however, useful, and, I will even say, reflected some credit upon those who devise them, as they obviated the injurious perseverance in the use of the medicine, which might otherwise have been considered a matter of necessity.

Since, however, it is now well known, that certain forms of venereal disease will pursue their course, whether mercury is employed or not, it is absurd any longer to retain words in our vocabulary which are calculated to mislead us from the truth. Nothing I am certain, would tend more to promote the present investigation, and the attainment of a perfect knowledge of venereal diseases, than to drop altogether those common, but arbitrary, terms syphilitic, syphiloidal, and pseudo-syphilitic; even the term mercurial should be restricted to designate those phenomena only which are known to arise from the use of mercury in other diseases besides the venereal, by which means we avoid the perplexity of confounding the symptoms arising from the poison with the effects of the remedy.

In place of those arbitrary names which mean nothing, if surgeons would confine themselves merely to terms descriptive of appearances and symptoms, language would not be wanting to convey an adequate notion of any class of diseases. I have attempted, I trust, with some success, the adoption of this simple and natural mode of distinguishing venereal diseases; but though I by no means have the presumption to fancy that I have completed this difficult task, yet I have met with very few cases which would not naturally fall under one or other of the classes I had formed.

The difference which was found to exist in the appearance and progress of certain groups of symptoms which usually went together, compelled me to

presume the existence of a plurality of venereal poisons; but whether this opinion is right or wrong, can not, in a practical point of view, be of any consequence, if we confine ourselves to the more simple inquiry into the circumstances and symptoms, for which mercury ought or ought not to be exhibited. These are questions purely practical, and to which I profess more particularly to confine my attention in the following Essay.

But before I enter upon this task, I must observe, that I have not yet heard a satisfactory objection from those, who restrict their belief to the existence of a single venereal poison, against the historic evidence detailed by a multiplicity of authors, testifying that infectious venereal diseases existed at all times previous to the introduction of syphilis, towards the close of the 15th century. Are we to suppose that those old venereal poisons either suddenly disappeared by one common consent, or were actually superseded by the introduction of the new one? an opinion sufficiently refuted by the variety of characters exhibited in primary ulcers and venereal eruptions; the latter so numerous as to afford specimens of almost all the different orders of cutaneous diseases. If we were to admit but one venereal poison, we must conclude, that the regularity of the progress, and uniformity of the symptoms, which are observed in all other morbid poisons, do not appertain to this, and this alone; thus making an unreasonable and unwarranted exception to a universal law of nature. But still this is met by another subterfuge not so easily answered, and the

difference of venereal appearances is ascribed to a difference in the constitution of patients. But whether the variety is owing to a diversity of poisons or a diversity of constitutions, is a question that can only be resolved by a series of experiments, which it is not to be expected that any man will be so public spirited, as to submit to himself, or so unreasonable as to inflict upon others.

If it were possible to guard against abuses, and were not contrary to the spirit of our laws, it would greatly tend to the advantage of society if criminals were sometimes permitted to commute a heavier punishment, by submitting to a series of experiments, for the purpose of ascertaining the truth in such questions as the present.

I am perfectly aware, how much the state of the human constitution will modify local diseases; and am willing to attribute, to a certain extent, the great variety of appearances we witness daily in venereal complaints, to this cause alone. But yet we observe that many of those primary ulcers evince from their very commencement such peculiar and distinct characters, that it would be quite an absurdity to believe that the virus is always the same, and the variety of characters dependent alone upon constitution.

Thus nothing can be more opposite, even from the commencement, than the common chancre with its hardened base, like a piece of cartilage under the skin, and the sloughing ulcer. The first is slow and chronic; the latter begins with a mortified spot, extends by alternate sloughing and phagedenic ul-

ceration, and often makes more progress in three days than the former in as many weeks.

The phagedenic ulcer is equally distinct from chancre, as it does not evince, at any period, a hardened base, but gradually creeps from one part to another of the penis, leaving those parts to heal, which in the first instance it attacked. So that when the disease has existed for some months, the glans is seen to exhibit its entire surface furrowed over with ulcerations and cicatrices.

There is a raised ulcer, also, with elevated edges, approaching the nature of the phagedenic ulcer, yet whose characters are sufficiently distinct to be considered as a separate species. But the most common venereal primary ulceration commences as a pustule, is excavated in the first week, and in the second becomes raised above the surrounding integuments, exhibiting a smooth fungous surface; it may also be described by its negative qualities, and as an ulcer without induration, raised edges, or phagedenic surface.

If the plurality of venereal poisons is supported by the variety of primary ulcers, it is more so by the multiplicity of constitutional eruptions. A primary ulcer, which was not phagedenic or sloughing at first, may afterwards, like any other ulcer, become so by irritation, neglect, or inflammation. But I do not conceive that we have grounds for supposing that the state of the constitution can so modify morbid poisons, as to cause the same virus to produce in one person the chronic scaly lepra, and psoriasis, and to assume in another a decided pus-

tular form, each pustule spreading rapidly into a deep ulcer.

These two kinds of eruption may serve to illustrate the subject, as in their nature they are so directly at variance. But I would be inclined to admit, that an eruption of papulæ with acuminate heads containing matter, and approaching the pustular form, might be so affected by the constitution, as not to be distinguishable from the most regular pustules. The character of the disease may, however, still be apparent, as their pustules, instead of spreading into extensive ulcers, will, like papulæ, terminate in desquamation, but the scales will be larger; and in addition to this circumstance, the pustules will, throughout, be intermingled with papulæ. These circumstances may serve to distinguish, in doubtful cases, the form of disease, which is attended by the venereal lichen or papular eruption, from that which is much more formidable, and produces pustules which terminate in ulcers.

This view may conduce to satisfy us, that the powers of the constitution are much more restricted in modifying the symptoms of a morbid poison than is supposed by those who adhere to the general opinion, that the same virus may produce in one person the scaly lepra; in another, papulæ that terminate in desquamation; in a third, pustules, the precursors of malignant ulcers; and in a fourth, tubercles,—exhibiting a diversity, which does not occur in the eruptions of small-pox, measles, scarlatina, and other morbid poisons—at the same time,

forgetting that all are equally subjected to the influence of the constitution.

From an attentive consideration of a vast number of cases during many years, I find strong grounds for concluding,

First.—That the syphilitic chancre is attended by the scaly eruptions, lepra and psoriasis, an excavated ulcer of the tonsils, and pains and nodes of the bones.

Second.—That the simple ulcer, without induration, raised edges or phagedenic surface,—gonorrhœa virulenta, and excoriation of the glans and prepuce, are followed by a papular eruption, which ends in desquamation, pains in the joints resembling those of rheumatism, soreness of the fauces, and frequently swelling of the lymphatic glands of the neck; but that in a vast number, not a single instance was observed, in which nodes were an attendant upon this eruption.*

Third.—That the ulcer with elevated edges, in the few instances in which I had an opportunity of tracing it to its constitutional symptoms, was followed by a pustular eruption, which terminated in

* In one instance of the papular eruption, in which there was considerable inflammation of the ankle, an appearance suddenly took place on the tibia, immediately above the inflamed joint, which at the time I considered as a node; but as it afterwards disappeared with the inflammation of the joint, without the exhibition of mercury or any particular attentions, and as I have not from that period, eleven years since, witnessed any instance of node in the papular disease, I am certain that I was wrong in calling the appearance in question a node, and therefore feel myself warranted in making the unqualified assertion on the subject. contained in the text.

mild ulcers, pains in the joints, and ulcers in the throat, but no appearance of nodes; yet that the instances in which I had an opportunity of witnessing distinctly the connexion between the primary and secondary symptoms of this poison, were too few to form a decided conclusion with respect to this particular.

Fourth.—That the phagedenic and sloughing ulcers are generally attended by constitutional symptoms of peculiar obstinacy and malignancy, viz. pustular spots and tubercles, which formed ulcers that spread in general with a phagedenic edge and heal from the centre; extensive ulceration of the fauces, particularly of the back of the pharynx, obstinate pains of the knees and other joints, while nodes are frequently present, and the bones of the nose are occasionally affected.

Fifth and last.—That, when an eruption, no matter what its character may be, is on a surface which is opposed by another, as on the fossa of the nates, upper part of the inside of the thighs, or in the axilla, the spots, if they do not ulcerate, extend into soft, moist elevations of the cutis, which ought to be treated according to the nature of the disease to which they belong. Thus, if they are syphilitic, with mercury; or, if papular, pustular, or tubercular, with the remedies recommended for the specific disorder. According to the established practice, these condylomatous swellings, as they are called, are universally treated with mercury; but I have, in innumerable instances, cured them, and the other

symptoms with which they are accompanied, without the exhibition of a particle of that medicine.

These conclusions, it must be expected, will be doubted or denied by many who may possibly aver that they have seen a great variety of venereal ulcers and eruptions, but have never observed the coincidence or correspondence here stated. I would ask, did they ever examine patients, when affected with primary and secondary symptoms, with a view to discover a correspondence between the one and the other?—have they not, on the contrary, always been impressed with the belief that all venereal symptoms, however various or opposite their characters, have sprung from one identical poison; and that constitutional differences have alone produced this variety of character in the symptoms; and with such an impression on their minds, is it not natural to suppose, that they would scarcely examine the primary and constitutional symptoms with the same acumen as a practitioner who doubted the truth of the established doctrine?

But if an investigation surrounded by so many perplexing difficulties, is not carried on in the spirit of candour by persons more anxious to obtain truth than victory, we are not likely to make much useful progress. With regard to such an investigation, let it be recollected that, in any sore whatever, the various causes of irritation will considerably alter its appearance from its original or natural state; and, therefore, that it must be difficult to decide upon the character of an ulcer arising from a morbid poison until rest and appropriate attentions have

removed all extraneous irritation. Let it also be kept in view, that frequently a person will have on him at the same time the symptoms arising from more than one infection. If, therefore, primary and secondary symptoms exist together, before we determine in our minds that they stand in the relation to each other as cause and effect, let us enquire if the primary symptoms did not appear after the secondary, or so near to each other in point of time that one could not be the occasion of the other. And let us also recollect, that, although a phagedenic ulcer in general spreads extensively, yet that it is capable of healing soon after its commencement, if not irritated by mercury or other causes; and that, therefore, a superficial observer may be led to ascribe the obstinate and malignant constitutional symptoms which this ulcer occasions to a primary ulcer of a very different character.

These observations may induce the rising generation of surgeons to look with more attention into the characters of both primary and secondary symptoms than is at present probably practised. The utility of doing so I have most amply experienced; and I will venture to assert that, after a little attention and practice, there are few venereal cases, the result of which may not be prognosticated with as much accuracy as that of any other morbid poison to which the human body is liable.

The attention which has, of late years, been given to the distinctive characters of cutaneous diseases, enables us to discriminate and describe, in the accurate language of Willan, the various eruptions which arise from venereal poisons; and this is an

advantage that our predecessors did not possess, and the want of which must have been a great impediment to the progress of the inquiry, and particularly to the advances it would have made in the hands of such a man as Hunter.

Before my observations on this intricate subject were submitted to the public, all venereal eruptions were described under the vague terms of copper-coloured blotches, scabby spots, and other names equally equivocal and unsatisfactory with respect to their character. But a change for the better has already taken place, and in our late publications on the subject, these eruptions are described in the exact and descriptive nomenclature of Willan. Great improvements are, however, still to be made, and among others, I would suggest the absolute necessity of observing with attention, whether the scaly eruption (for instance) has been scaly from the commencement, as in the psoriasis and lepra syphilitica, or only in its declining, or desquamating stages, as is the case in the papular eruptions,—a circumstance which accurately distinguishes one from the other.

I have in different publications brought forward sufficient evidence, that all primary ulcers, with the exception of chancre, will heal without the exhibition of mercury. We learn from the testimony of Messrs. Rose, Guthrie, Thompson, and Hennen, that even this ulcer will also heal without its influence.*

* This fact being now well established, the great criterion of Mr. Hunter, Mr. Abernethy and all others who believed in the constant progression and never retrogression of the symptoms of syphilis, unless checked by mercury, falls to the ground. E.

So that according to them, it would appear actually unnecessary to exhibit mercury for primary ulcers, except with the view of protecting the constitution against the accession of secondary symptoms. On the point, however, whether or not mercury possesses this power, there is a considerable diversity of opinion. In a question of this kind, reasoning can have no influence; we must draw our conclusions from facts, and as yet we have not a sufficient number to decide upon. In Portugal, Italy, and the southern parts of Europe, Mr. Guthrie informs us, mercury is never employed for primary ulcers; and I was informed by my late friend, Doctor Armstrong, who resided in Vienna for many years, and was well acquainted with the practice of the most eminent physicians and surgeons of that city, that they never give mercury for primary ulcers, from a knowledge that they will heal without it, and from a belief that it will not prevent the accession of constitutional symptoms.

This important question must, however, remain undecided, until we have more evidence, upon which to form our judgment, but could, no doubt, be now satisfactorily answered by reference to the multitude of reports on the subject of venereal complaints filed in the office of the Army Medical Board; particularly to those of Doctor Thompson, who, I understand, has not for several years given a grain of mercury for venereal complaints in the Military Infirmary of Edinburgh.*

* To this testimony, from abroad, the editor is happy in having it in his power to add, that similar experiments made by American physicians have been attended with similar results. In Philadelphia, the non-mercurial practice has been tried extensively by

The question can only be settled by reference to the experience of many; that of an individual, however extensive his practice, ought not to decide a point of this importance. In the absence, then, of documents so much to be wished for, I shall briefly state the practice I pursue for primary ulcers; my reasons for adopting it, and the result of my experience.

Being now fully aware, as well from the experience of others as from my own, that the true Hunterian chancre will heal without the aid of mercury, the propriety may be questioned of exhibiting that medicine for its cure; but it is of so very indolent a nature, and the surrounding callosity is so very slow in dispersing where mercury has not been employed, that, notwithstanding my conviction of the fact above admitted, I always direct mercury for such cases, where there is nothing in the patient's constitution to forbid its exhibition, and I continue its use as long as the callosity remains. But primary ulcers of this character are now so seldom met with, that I am not often called upon to direct

Dr. Thomas Harris, Surgeon in the U. S. Navy. Having charge of the Philadelphia Navy Yard Hospital, Dr. Harris possesses an opportunity for making such investigations, far more ample and advantageous than can be afforded by the range of private practice. For nearly six years he has discarded every preparation of mercury from his practice, and asserts that he has ever since found all the forms of syphilis more tractable, and what is of the utmost importance, entirely exempt from secondary symptoms. He further declares that he has found that variety of ulcer described as the true Hunterian Venereal chancre, yield most readily to the non-mercurial treatment. The importance of the subject leads us to indulge the hope, that the Doctor will soon favour the public with a detailed account of his practice, and the results of his experience.

it on this account. I never order mercury for the primary phagedenic and sloughing ulcers, from the most ample experience of the injurious effects of that medicine upon them. The pupils every day witness instances of mutilated persons applying at the doors of the hospital for admission, labouring under ulcers of this description, their teeth dropping out of their heads, and their frames emaciated from repeated salivations; and I cannot but express my astonishment at the pertinacity of those who persevere in a practice, the destructive tendency of which must be apparent to every man of experience, who does not wilfully shut his eyes upon facts that must every day jostle with his prejudices.*

With respect to all other primary ulcers, I never order mercury for them, except they continue long obstinate and chronic without showing any disposition to heal. In such instances, I usually direct some preparation of mercury in alterative doses, watching closely its effects on the sore; and, if found to be injurious, instantly discontinuing its use. In fact, I administer mercury in such cases with the same views of altering the actions of the part, as in cases of chronic ill-conditioned ulcers of the leg, or any other part of the body. I do not, however, commence with mercury in such cases, or think of ordering it, except the sores should appear obstinate after the third or fourth week.

* The worst picture which can be drawn of the worst form and stage of syphilis, cannot equal a sketch which might be made of the horrid and not unfrequent consequences produced by the improper use of mercury. E.

This plan I have pursued for several years, and have not found that constitutional symptoms more frequently occur than where full courses of mercury had been employed from the commencement; and I have always had the gratification of seeing my patient recover from his venereal complaints with an uninjured constitution.

From reasoning *à priori*, it must appear to the most ignorant person injudicious to subject a patient to a full and debilitating course of mercury, with the view of protecting the constitution from the accession of secondary symptoms, when we are really ignorant whether or not it possesses such a power.

But if, notwithstanding every means of precaution, constitutional symptoms should still make their appearance, the practice has been to subject the unfortunate patient to a second, or, perhaps, a third or fourth course of mercury; but would it not be in such cases a more rational plan of proceeding to husband the resources of the constitution, and not waste them unnecessarily, until the attack shall have occurred, which, though apprehended, may never take place?

These observations are submitted to the consideration of inveterate mercurialists, or those who rely on nothing but mercury for the cure of venereal complaints. As to myself, I should consider it a sample of inconsistency and folly, were I to endeavour by mercury to prevent the accession of those constitutional symptoms, for which I should not exhibit that medicine, had they even actually made their appearance. The best and surest means, in

my apprehension, of preventing the accession of constitutional symptoms, are those which heal the primary sore with as little delay as possible ; and thus prevent the secretion of a morbid poison capable of contaminating the system.

In arranging, under distinct heads, the numerous appearances and symptoms produced by venereal complaints, I would follow the same rule which has hitherto guided the judgment of the profession in arranging and classifying all other morbid poisons attended with eruptions. In other words, I would regard the eruption as the most proper basis of the arrangement ; and, without neglecting such auxiliary evidence as other attending symptoms may afford, consider them as of minor importance in determining the nature of the disease.

By following this method, it is truly gratifying to find how easily the numerous symptoms, both primary and constitutional, of venereal diseases, which are so various as seemingly to bid defiance to any attempt at arrangement, can be disposed of in their appropriate places, under the name of the eruption which belongs to their respective species.*

* In a practical point of view, it is of the greatest importance, that the physician should be aware of the almost infinite variety of appearances which cutaneous affections resulting from the venereal poison may assume. Attempts to embrace all these varieties in classifications less extensive than those which include the whole range of cutaneous diseases, must, consequently, prove imperfect. The editor has seen many cases of the papular, scaly tuberculous and other forms, devoid of the usual concomitants of syphilis, though evidently produced by the insidious operations of that virus. Under these circumstances, it is the duty of the practitioner to investigate the case with great attention, in doing which, he will often be obliged to extend his inquiries several years back.

E.

Next to the eruption, the symptom most to be regarded is the primary ulcer, whose characteristics are in general found sufficiently distinct to enable us to foretell, with tolerable certainty, what the appearance of the eruption will be. But, as observed in its place, those primary characters may be destroyed by irritation, which often produces inflammation, and not unfrequently sphacelus; and not only the distinctive marks of the primary ulcer, but of the constitutional eruption, may be so modified by the exhibition of mercury, where that medicine is improperly employed, as to become altogether confused and indiscernible; unless, indeed, the manifest ill effects of this mineral shall be esteemed a mark of distinction, and is to continue as at present the only means of discrimination, while in fact it seldom serves as a guide to the practitioner, but by leaving the track of its mischiefs behind it. He, indeed, discovers his error without finding his road, and sometimes blindly, sometimes desperately, flounders from mercury to sarsaparilla, and from sarsaparilla back to mercury again, without benefiting his patient or increasing the certainty of his own information.

The affections of the throat are too indistinct to afford any certain diagnosis; and in forming our opinions, these appearances can only be esteemed as auxiliary to the characters of the eruption, and of the primary ulcers. But still this minor assistance is not to be neglected; for instance, the affection of the throat which attends the papular eruption, and particularly if the disease has not been inter-

rupted by mercury, is not an ulcerated, but rather an excoriated or erithematous appearance of the fauces, very similar to that which attends measles, small-pox, or trivial cases of scarlatina. The tonsils are often in this disease considerably swelled, as are also the other glands in the neighbourhood of the jaws.

Mr. Hunter has stated, that the excavated ulcer of the tonsil is the characteristic appearance of syphilis in the throat; but I have found it as frequently attended upon the disease which follows the primary phagedenic ulcer. Extensive ulcers of the pharynx, and ulcers, and caries of the bones of the nose are also frequent attendants upon the phagedenic primary ulcer; but the same appearances occur in those anomalous disorders which arise from derangement of the constitution, and are not of venereal origin. Wherefore I must repeat, that we cannot ground our diagnosis on the appearances of ulcers in the throat, when unaccompanied by other symptoms.

With a view to diagnosis, pains are a still more equivocal symptom, because in every species of venereal disease, they may affect the larger joints, and other parts; but it is useful to know that the knees are more frequently subject to this symptom in the phagedenic disease, and the shafts of the tibiæ in syphilis. Still it would be absurd to deduce any conclusion from such circumstances alone.

Nodes are equally equivocal and uncertain; for syphilis and the phagedenic disease are alike capable of producing them.

In a former part of this work I have mentioned my persuasion, that if all arbitrary terms were discontinued in the nomenclature of venereal ailments, and if those alone were adopted in their place, which are descriptive of the characters of the disease, that this change would in itself be productive of the greatest advantages. For as mankind are so much guided in their opinions by names, they would be less liable to be led astray by those which are merely descriptive of symptoms and appearances which are cognizable by our senses.

As long as syphilis is the name attached to a certain form of venereal complaints, we shall never escape from the terms pseudo-syphilis, syphiloidal symptoms, and sequelæ of syphilis. The first is an arbitrary term applied to a congeries of symptoms, upon the nature and extent of which scarcely two practitioners are agreed; and therefore when one person calls a complaint syphilitic, another disease altogether different may be presented to the mind of the person he addresses. Pseudo-syphilis is equally objectionable, as it is too general a term for any useful purpose, inasmuch as it embraces not only all those venereal complaints which do not correspond to Hunter's description of syphilis, but also those spontaneous disorders which have no pretension to a venereal origin, and are solely attributable to some derangement of the constitution.

The terms syphiloidal symptoms, and sequelæ of syphilis, imply that there is but one venereal poison; an opinion which I conceive to be absolutely refuted, if the facts and arguments contained

in this and my former publications shall be considered of any weight.

Should these observations be thought to present sufficient grounds for adopting a radical change in the nomenclature of venereal diseases, it may be formed on the characters of the eruptions, which afford the most certain criterion, by which we are enabled to distinguish one species from another.

Thus, I. That form of venereal disease which is the most prevalent of all others, and is attended with the papular eruption, may be termed the *Papular Venereal Disease*. II. That which produces pustules that terminate in ulcers covered with thin crusts, and which heal like common sores from their margins—*The Pustular Venereal Disease*. III. That which is attended with spots that have less of the pustular character than the preceding class, and frequently with tubercles terminating in ulcers covered with thick crusts which extend with a phagedenic margin, and usually heal from their centre, may be termed the *Phagedenic Venereal Disease*, a term equally descriptive of the primary as of the secondary symptoms. IV. and lastly, That disease which I have hitherto distinguished by the name of syphilis (but which has been extended by other writers to every description of venereal disease, although it is probable that every other was known in Europe before it) may with much greater advantage be denominated the *Scaly Venereal Disease*, from the permanent scaly eruption which attends it; and thus may we liberate ourselves from a whole

train of prejudices, which follow as the suite of the old appellations.

It may, however, be objected to this classification, that the nature of the disease cannot be known until the eruption takes place; and on a loose computation it may be regarded that nine cases out of ten of primary ulcers are not attended by constitutional symptoms; so that in a great majority of cases the disease has never arrived at the stage to which it is indebted for its name. To this objection I reply, that the primary ulcers afford a less decisive means of determining the nature of the disease than the secondary; yet from their characters, when unaltered by irritation or mercury, we may discriminate their nature with sufficient certainty to decide on the precise eruption they would produce in their secondary state. For instance, 1st, The ulcer without callosity, raised edges or phagedena, in fact without any very peculiar characters, and which may, therefore, be termed the simple venereal primary ulcer, produces the *papular* eruption which *ends* in desquamation: and the same effect is produced by a patchy excoriation of the glans and prepuce in men, and of the labia and vagina in women, and also by a gonorrhœa virulenta. 2nd, The ulcer with raised edges produces the *pustules* which terminate in small ulcers covered with *thin* crusts, and which *heal from their margins*. 3d, The phagedenic and sloughing ulcers produce the pustular spots and tubercles which terminate in ulcers covered with *thick* crusts, which are accompanied with *phagedena* and *heal in general from their centre*.

4th and lastly, The primary callous ulcer or chancre is attended with the well known *scaly eruption—Lepra or Psoriasis.*

In this concise view of venereal diseases, we may perceive that they do not form an exception, as is generally imagined, to that uniformity of symptoms and characters which marks the progress of all the other morbid poisons with which we are acquainted.

But as the chief object of this work is not to support peculiar doctrines, but to afford practical information, if any individual object to the division of venereal complaints into four distinct diseases, the difference between us is easily reconciled. Instead of four distinct diseases, let any one that pleases consider them as so many forms or modifications of the one disease, each requiring a peculiar mode of management, and under this view every practical object will be equally well obtained. Therefore, as names are of some consequence, let those who are of this opinion add the words *form of* to the appellation I have given to each species, and then we shall have the papular *form of* venereal disease, the pustulary *form of* venereal disease, &c. &c. Names and distinctions in nosology are most advantageous when they also serve the purpose of practical utility, and I have little doubt but that it will be universally admitted, that the distinctions I have made of venereal complaints, formed on the basis of the character of the eruption, convey with them intimations of the greatest practical utility.*

* There is little doubt that those who avail themselves of this suggestion of our author will have adopted the most correct deci-

The foregoing observations, I trust, have rendered it sufficiently convincing, how much may be learned of the nature of our patient's disease by a close attention to the character of his symptoms. I believe I am not wrong in asserting that practitioners at present form their decision as to the nature of the disease, and mode of treatment, chiefly from the history of the case. If mercury has already been used in full courses, the disease is called mercurial or syphiloidal, and sarsaparilla is recommended. If, on the contrary, the patient has as yet used none, or but little mercury, the very same symptoms are pronounced to be syphilitic, and a mercurial course will be directed.

I would by no means be supposed, by these observations, to make light of the advantages to be derived from an attentive consideration of the his-

sion of the question. The well known fact, that a person affected with only one variety of the venereal disease, is capable of communicating the same or a different form to others, may be considered as rendering nugatory our author's arguments in favour of a plurality of distinct venereal poisons. During the Peninsular war, the British soldiers, who had connexion with the Spanish and Portuguese women, contracted a form of disease which was comparatively rare among the natives. This was the phagedenic and sloughing ulcer, to which the Northern soldiers were probably predisposed from change of climate, intemperate habits, and other causes, operating upon the constitution, and modifying the operation of the original virus, which might have been derived from any other species of ulcer. It happily occurs in this instance that the practical objects are not materially affected by this discrepancy of opinion. Notwithstanding the supposed error into which Mr. Carmichael has fallen, in describing as distinct diseases, what might more properly be regarded as forms or modifications, he is certainly entitled to great credit for the nice discrimination and accurate delineation which he has displayed in this treatise.

E.

tory of a case, and the effects of mercury upon it; but still I contend that it ought not to engross the entire of our attention. The practitioner who forms his opinion of a disease, merely from its history, is under no necessity of seeing his patient; he can as well determine on the case, if a written statement is laid before him. But even few of those who fancy that all information in venereal cases is to be derived from their history, would, I believe, accede to this proposition. I shall in the succeeding chapters consider each of the forms of venereal disease under the appellation which the character of its eruption suggests.

CHAPTER III.

PAPULAR VENEREAL DISEASE.

I COMMENCE my particular description of venereal complaints with those which are liable to be attended with an eruption of papulæ;* because they constitute the most simple, most easily cured, and least dangerous of all the forms of venereal disease.

THE PRIMARY SYMPTOMS are either, first, a simple ulcer without induration, elevated edges, or phagedena; but whose characters are not very remarkable. Secondly, a patchy excoriation of the glans and prepuce, attended with purulent discharge. And, thirdly, gonorrhœa virulenta.

The primary ulcer to which I allude, has neither the indurated base which attends the true syphilitic chancre, nor the elevated edges which surround the primary ulcer of the pustular venereal disease; nor the phagedenic surface of the primary phagedenic ulcer; all of which will be considered in their proper places. It is not often the surgeon has an opportunity of seeing this ulcer when at its commencement; but in the few instances within my experience, it exhibited a small pustule, which continued one or two days, on the external prepuce or body of the penis; and then formed a thin crust, which

* See Plate I. figs. 1, 2, 3.

soon separating, exposed an excavated round or oval ulcer with a surrounding redness. This in the second week began to fill up, and afterwards gradually rose above the surrounding skin, exhibiting a smooth surface, having the colour of a healthy sore, but without granulations, and exhibiting somewhat of a fungous appearance. It is in this latter state that it usually comes under the observation of the surgeon; and from its mild nature, when compared with others, I would propose to name it, the *Simple Primary Venereal Ulcer*.

The process of ulceration, as well as the surrounding redness, seem to cease as soon as the fungous stage commences, which may exist an indefinite length of time; but from three to six weeks may be mentioned as the averaged period of the continuance of this ulcer from its commencement.

The appearance and duration of this, as of every other primary ulcer is liable, of course, to be modified by the state of the constitution, mode of living of the patient, his exposure to various irritating causes, neglect and want of cleanliness.

These ulcers, which are far more general than any others, to which the parts of generation are liable, are more frequently found on the glans and internal surface of the prepuce than elsewhere, in which situation they, in general, excite phymosis; and it is, therefore, extremely probable, that it is the identical ulcer mentioned by Celsus,* as inducing phymosis, and readily cured by lenient remedies and mild detergent washes. They also occur

* Celsus, p. 332.

on the external surface of the prepuce, body of the penis, and scrotum, in which last situation they are considerably raised above the surrounding surface, so as to resemble fungi or soft warts, and are rapidly cured by an application of a strong solution of muriate of mercury, in the proportion of two or three grains to an ounce of water. In women, they usually occur on the labia, perineum, and fossa of the nates.

When phymosis has taken place, it is difficult or impossible to ascertain from what source the discharge proceeds, whether from these ulcers, or from the second primary affection I have mentioned, a peculiar excoriation of the glans and prepuce, by some called chancrous excoriation, and by others, spurious gonorrhœa; or whether the discharge flows from the urethra, and is a true gonorrhœa. The discharge, however, is frequently occasioned by these three affections, at the same time, a circumstance which would *à priori* induce us to suppose, were there no other reasons for the opinion, that they all arise from the same poison; but this supposition is almost confirmed by the fact, that the superficial ulcers which we are considering, even when situated so far back as the scrotum or body of the penis, are, in the majority of cases, accompanied by one or both of the other two affections.

In the excoriation of the glans and internal prepuce, the discharge does not proceed from the entire surface, but from irregular inflamed excoriated patches, leaving interstices of sound cuticle be-

tween; and I find that Mr. Whately, in his work upon gonorrhœa, adduces some facts and arguments to prove, that the lining membrane of the urethra is affected precisely in the same manner in gonorrhœa virulenta; and asserts, that he has even been able to observe these appearances within the orifice of the urethra. He supports his opinions by the authority of Doctor Monro, who, in describing in his lectures, the manner in which the lining membrane of the urethra is effected in gonorrhœa, proceeds as follows: "The application of the poison to the urethra, is seldom equal and universal. There is no great comparison between it and the catarrh upon the nose, where the membrane is every where affected equally; for here, one part always suffers more than another, and it is seldom that we find external ulcers, occupying the glans uniformly, but it is affected in spots. It is in like manner, the same within the urethra, as particular spots of it are chiefly affected. We find eschars in few places, and an obliteration of certain of the mucous ducts; and the patient, in making water, finds the pain more in one place than in another; so we are to compare the affection of the membrane of the urethra to the effects produced on the glans."*

These observations of Dr. Monro and Mr. Whately, on the similarity of appearance in the lining membrane of the urethra, and surface of the glans and prepuce, when secreting purulent matter, lead to an opinion, that the discharge from these surfaces may be produced by the same poison, and is,

* Whately on Gonorrhœa, p. 20.

therefore, in both instances, the same disease affecting different parts : an opinion which we would naturally be induced to adopt, on considering that both parts have the same continuity of surface, and that there exists a great similarity in the affections in question.

From these observations, and from the very frequent occurrence of two, or even the three affections, (*viz.* the simple primary ulcer, excoriation and gonorrhœa,) existing together on the same patient; and from the fact that each occasions the same train of constitutional symptoms, we have strong grounds for concluding that they arise from the same identical poison.

That the ulcers in question, and excoriation of the glans and prepuce described, are frequently followed by the papular eruption, every practitioner, if his experience be not very limited, must admit; but that gonorrhœa alone may also produce it, is more questionable. In support, however, of this position, I beg to state, that I have repeatedly seen men affected with this eruption who asserted positively, that they never had any primary symptoms, except gonorrhœa; and I have also, in numerous instances seen women effected with the same eruption, who did not, on the minutest examination, exhibit any other primary symptoms than a gonorrhœa, and who asserted at the same time that they never had primary sores. I at first doubted their veracity, or supposed that ulcers might have existed on the parts of generation, which had escaped their observation; but having met innumerable in-

stances of the same eruption in persons affected with gonorrhœa, combined with a purulent discharge from the glans and prepuce, a little consideration led me to conclude, that it was the same disease affecting different parts. This papular eruption, which is occasionally observed to follow gonorrhœa, furnished a strong support to those practitioners who adopted the opinion, that gonorrhœa and chancre arise from the same poison. But the facts I have stated, and the analogies I have brought forward, will, I hope, dissipate at least some of the doubts and perplexities attending the subject, and, perhaps, set at rest this intricate and long disputed question.

Notwithstanding these strong circumstances, it must be admitted, that constitutional symptoms after a gonorrhœa, is a very rare occurrence; and therefore we can only esteem it as a natural, but not a very common consequence. Hunter, who supposed that chancre and gonorrhœa arose from the same poison, affecting different surfaces, does not, as well as I recollect, attempt to explain the infrequency of constitutional symptoms attending the latter. With the view of affording some clue to this hitherto unexplained and little fact, I beg to submit the following considerations.

First.—When we wish to inoculate the matter of other morbid poisons, the vaccine and variolous, for instance, the earlier it is taken, and while the infection is thin, limpid, and not purulent, the more certain we are of communicating infection. In the latest system of medicine published, that of Dr.

Good, we find the following passage concerning small poek inoculation: "It is preferable to take the fluid before the pustule *suppurates*, as afterwards it seems to partake of the nature of *common pus*, and produces a *larger circle of inflammation*, and on this account also it cannot so fully be relied on."*

The same uncertainty occurs with respect to the inoculation of the vaccine virus, if not taken from the pustule until the twelfth or thirteenth day, a period when the virus has lost its limpid appearance and become thick and purulent, when we either fail in communicating a disease capable of affecting the constitution, or give one of a spurious and impotent nature.

Secondly.—Mucous surfaces, when assailed by contagious matter, are excited into a state of inflammation, which rapidly passes into the suppurative stage.

Thirdly.—It may be inferred from the preceding premises, that inflammation and suppuration are the bars which nature opposes to the introduction of morbid poisons into the system. These views will not only account for the infrequency of constitutional symptoms attending a gonorrhœa, but indicate a most important item in the laws which govern morbid poisons. It also adds another instance, to the many already observed, of a *vis medicatrix naturæ*, or of those wise laws of the Creator, by which there appears an inherent power in the constitution of animals to resist injurious agents. The mucous sur-

* Study of Medicine, by J. M. Good, M. D. Vol. II. p. 636.

faces necessarily unprotected by cuticle, are more exposed than others to be assailed by a variety of morbid poisons; but they are more promptly than other textures excited to inflammation, which rapidly, and without breach of surface, passes on to the suppurative stage, which, from our knowledge of the vaccine and variolous inoculation, renders a morbid poison innocuous. Hence we have strong reasons, from the above facts and considerations, to conclude that the rapidity with which mucous surfaces inflame and suppurate, prevents the admission of morbid poisons into the constitution.

The frequency of catarrh and influenza may not (under these views) be always occasioned by changes of atmospherical temperature, but may be often owing to contagious matter floating in the air; which is thus prevented from doing farther mischief than exciting a troublesome affection of the mucous membrane of the nares and branches of the bronchial tube.

Surgeons in the army have opportunities of accurately investigating the laws of venereal diseases, which those in civil life do not possess; as the soldiers are under orders to apply to them on the very first appearance of disease, and when cured, or apparently so, they still remain under surveillance. The females who infect a regiment are in general known, particularly in foreign stations, and much information into the laws of venereal poisons can be obtained, by comparing the disease in the female with that of the male whom she has infected. I, therefore, with pleasure avail myself here of much

valuable information contained in the work of Mr. Evans, surgeon of the 57th regiment,* which evinces in the author much talent for observation, and affords some important facts that bear upon the obscure subject under consideration; and I feel the more gratified in thus supporting the opinions I venture to offer, by the evidence of others rather than my own.

Mr. Evans details three interesting experiments of inoculation of matter, taken at different periods from the simple primary ulcer under consideration; which prove that the earlier the infection is taken, and while the sore is in its excavated or ulcerating state, and, as we may infer, before the matter is purulent, the more severe and obstinate is the ulcer which it produces. I shall refer to the work itself for the detail of the experiments, but the following passage contains the result.

“From these and other experiments, I am inclined to the opinion, that in this, as well as in the vaccine disease, the secreted fluid varies, or is less certain in its effects in proportion to the duration of the disease; for in the first of these cases, where the ulcer from which the matter was taken was of *ten days’* standing, the disease terminated in fourteen days; in the second, where the sore was only *eight* days old, the inoculated disease continued eighteen days; and in the third case, where the matter was taken *before the cessation of the ulcerative stage*, it continued twenty-eight days.”

* Pathological and Practical Remarks on Ulcerations of the Genital Organs, by James Evans, Surgeon of the 57th Regiment.

I shall also take the liberty of transcribing from Mr. Evans' work the three following cases, which decidedly prove that the matter of gonorrhœa is capable of producing the primary venereal ulcers we have just been considering.

Case.—"Two gentlemen had connexion with a girl, the one shortly after the other; one of them contracted *venerola vulgaris*,* the other gonorrhœa;—the girl was examined, she had some *discharge* from the parts, but *no ulceration*."

Case.—"A gentleman in the habit of going with one particular woman, was occasionally affected with discharge from the urethra, sometimes accompanied with pain in passing his urine, but more frequently not; in the first case it usually remained upon him eight or ten days, in the second it generally went off in four or five. One day he applied to me for advice, under the impression that he had contracted chancres; his disease, however, was herpes preputialis, finely marked, the vesicles being distinct, and placed in two parallel lines of three vesicles in each. The disease was explained, and the necessary directions given; he nevertheless, that night, paid the lady another visit, and three days afterwards came to me, with an ulcer, in the place where the herpes preputialis had been, and which turned out to be *venerola vulgaris*. The girl was examined; there was some *increased secretion*, but *no ulceration*; the disease in him ran its course regularly in about twenty-eight days. No sooner was he

* The term which Mr. Evans employs to designate the simple primary ulcer described in this chapter.

well, than he went again with the same woman, and a few days after, had virulent gonorrhœa. The woman was again examined, and found free from further disease than that degree of *increased secretion*, which may be termed slight leucorrhœa, which she acknowledged to have been occasionally subject to for six months before. In this case, then, we see *both venerola vulgaris* and gonorrhœa take place in the *same* person from the *same* cause.

“Whether or not in some cases ulceration exists beyond the reach of the eye, can only be decided by examination after death. I must acknowledge, no good reason presents itself to point out why it should not; but as we have no proof that venereal ulcers *do* form so far within the vagina, as to be beyond discovery, I am no way disposed to argue upon the supposition that they do, particularly as this is one of the many matters of fact that cannot be demonstrated by reasoning.”

Case.—The following appears to me another strong case in support of the text. Captain —— contracted gonorrhœa, and a week afterwards embarked for a foreign station. After being at sea for *six weeks*, the gonorrhœa disappeared, but the next day a small ulcer was discovered, which proved to be *venerola vulgaris*: mercury was used, and the sore healed, but immediately afterwards another made its appearance near the scite of the former; it spread over the old cicatrix, and in spite of mercury, remained open for more than three months. In this case, the first ulcer (for I shall take no notice of the second) must have been the consequence

of the application of the gonorrhœal matter; for to suppose the application of the venerolic poison to have been coeval with the gonorrhœal infection, and that it could lie dormant in the part for seven or eight weeks, is to go a little too much out of the road of common sense, and is contradicted by analogy."

In another part of his work,* Mr. Evans states three cases, in which the males exhibited the same description of ulcer on the genitals; but on examining the female from whom the disease was caught, no appearance of ulceration, or other disease was apparent; from which he infers, that these ulcers may be caused by "the application of an altered secretion, without any breach of surface, or discernible disease in the female organs."

I have already, in my first chapter, given Mr. Abernethy's opinion, supported by two cases in confirmation of the doctrine, that the secretions of one animal applied to the crude surface of another, are capable of producing an ulcerative disease; and in further support of this opinion, we are informed by Mr. Evans, that he was frequently present at the examination of the public women, held at stated periods by the French surgeons at Valenciennes; upon which he remarks, "I have always been surprised at the small portion of disease to be found among them: at one which I attended, no less than two hundred women of the lowest description, and of course, the most frequented by soldiers, were examined, and not *one case* of disease was found

* Evans, p. 72.

among them; nevertheless, the military hospitals had, and continued to have, their *usual number* of venereal cases." And in a note he adds, "by venereal cases, ulcerations are alone meant."

Mr. Evans might, however, have been in some respects deceived, although not one case of disease was found amongst them; as we may presume, that on a general inspection of this kind, upon which the liberty of following their vocation depended, the women were particularly attentive to cleanliness, and may have removed all appearance of gonorrhœal matter; but ulcers could not have been concealed, and no doubt, from the views we have taken, if they were affected with gonorrhœa, although free from ulceration, they were capable of exciting the latter in the males with whom they were connected.*

* That the various forms of the venereal disease can be communicated by those who have no apparent disease of the genital organs, is a well established fact, and affords a strong argument in favour of the unity of the venereal poison, as well as the original manner of its production. It is an undeviating law of nature, that excesses are always followed with evil consequences. And what more suitable retribution could ensue to the unnatural vice of excessive and promiscuous copulation than that which attends it? Could it be reasonably supposed that a female should have frequent intercourse with several men, and experience no inconvenience from thus transgressing the most important law of nature? A different result might be naturally expected. Organs so exquisitely organized, would, from excessive excitement, and perhaps, laceration, become highly irritated, and subsequently inflamed, whilst their secretions, converted into foul and acrimonious discharges, would be rendered highly virulent by intermixture with the most acrid of animal secretions. Inasmuch, therefore, as many are seduced into unlawful indulgence by appearances of security, it might, perhaps, be useful to society if it were generally understood, that however favourable circumstances may seem, safety is never to be expected where either of the parties is addicted to promiscuous intercourse.

Notwithstanding the preceding facts and observations, which go to prove that the same virus will produce the simple primary ulcer described, a purulent discharge from the glans and prepuce, and a gonorrhœa virulenta, yet it is not likely that those who have formed their opinions respecting venereal complaints in the olden time will subscribe to these new heresies. Let them, however, recollect that the experiments of John Hunter, which go to prove that the matter of gonorrhœa will form chancre, and that the matter of chancre will reciprocally produce gonorrhœa, are directly contradicted by those decisive experiments detailed by Mr. Benjamin Bell, which were instituted by two gentlemen in Edinburgh, on their own persons, and witnessed by him and Dr. Duncan.

In one experiment, the matter of chancre introduced into the urethra, produced chancre, and in the other, the matter of gonorrhœa, placed between the prepuce and glans, produced gonorrhœa of those parts, and chance rendered the experiment more perfect than was looked for, the matter in the last experiment having found access into the urethra, it affected it also with gonorrhœa. If these experiments will not enable us to decide on the fact, arguments can make but little impression. It is, however, too important a question to pass by without every illustration in our power to give it.

Independent of the total dissimilarity in the symptoms, appearance, and progress of gonorrhœa and chancre, the following considerations could not but have decided our judgment, if they had not been

opposed by experiments intended to prove the identity of the poison in the two diseases, and which were promulgated by the most respectable authority.

It is exceedingly probable, that the matter of gonorrhœa introduced between the prepuce and glans, will, as in the experiments related by Mr. Bell, produce gonorrhœa of these parts, unless, indeed, the matter should happen to be applied to a crude or abraded surface, and then, most probably, *ulceration* will follow; for even healthy secretions, applied to such a surface, is capable of exciting troublesome ulcers. Thus we are furnished with an obvious explanation of the *mistake* of those persons who inoculated the glans with the matter of gonorrhœa, and asserted that it produced a chancre.

Gonorrhœa was not described as a symptom of syphilis till half a century after its introduction into Europe, and after chancre and the other symptoms of the disorder had been accurately described by the practitioners of the day. At the same time we are aware, that a running from the urethra is noticed by successive authors, from the earliest periods in which we have medical records. But although syphilis, immediately after its introduction, was accurately described, and discriminated from all other ulcers and symptoms with which it was liable to be confounded, yet, in a few years, all complaints of the genitals were indiscriminately confounded together and supposed to arise from one and the same poison. There is, therefore, no room for surprise,

that gonorrhœa should be included in the number.*

In support of the opinion that chancre and gonorrhœa arise from distinct poisons, I may observe (although I will be accused of begging the question) that the constitutional eruption which follows chancre, is of the order of scaly diseases belonging to the species *lepra*, or psoriasis of Willan, while that which attends gonorrhœa is papular, belonging to the species *lichen*, of the same author.

The buboes which occur in this form of venereal disease do not exhibit any particular characteristic by which they are distinguishable from those which arise from other venereal primary ulcers, except that they partake of the original mild character of the disease. They are, however, probably from this cause, often remarkably indolent, occasioning no pain and but little inconvenience, except from their tediousness.

The primary symptoms detailed in this chapter, are liable to be followed by a papular eruption,

* Astruc is decisive on this point, as may be seen from the following passage:—"In the fourth period, from 1540 to 1550, several of the symptoms, which had shown themselves from the first eruption of the distemper, seemed daily to abate of their violence, such as pustules, *gummata*, pains, erosions of the parts, &c.; but, on the other hand, there appeared a new symptom to make up for this abatement, never observed before, though from that time the most common, if not perpetual symptom in the beginning of the venereal disease, I mean a virulent *gonorrhœa*, of which we have mention first made by Brassavolus, in his treatise *De Morbo Gallico*, which he wrote in 1551, and published in 1553; by Fernelius in 1555, *lib. 2. de abditis rerum causis, cap. 14.* and *lib. 6. de partium morbis et symptomatis, cap. 20.* and by Fallopius in *cap. 23. Tract de Morbo Gallico*, which I imagine was written about the year 1560." See Astruc, book I. p. 98.

which terminates in desquamation. In all the instances but two which have occurred to me since I commenced the investigation, (a period of fifteen years,) this has been the case. In these two instances, which are detailed in p. 99, *et seq.* of my first edition, the eruption was pustular. I may possibly have been mistaken in the characters of the primary sores, the exceptions being so few to a very general rule. Let this be as it may, it is but candid to have them recorded. The utmost any individual can do in an investigation of the present magnitude, is fairly to state *his* experience; for to determine the distinctive characters of morbid poisons, so closely related to each other as those of venereal origin, requires a field of observation beyond the scope of any individual, no matter how extensive his experience.

The CONSTITUTIONAL SYMPTOMS of the papular venereal disease consist of more or less of fever, attended with pain in the head, shoulders, and larger joints; and sometimes pain in the chest, with considerable dyspnœa, which ushers in an eruption that chiefly appears on the forehead, chest, and back, but also extends in a more scattered way over the extremities.

The fever does not subside on the appearance of the eruption, although it is at its height just previous to that event. It exists as long as fresh crops of the eruption continue successively to appear, and is usually accompanied with pains of the several joints, which are most severe at night.

The papulæ vary from a pale red to a deep crim-

son, as represented in Plate I. fig. 1, 2, 3. Some of them are simply pimples, while others are almost advanced to the pustular form. The time of the appearance of this eruption after infection is, probably, as uncertain as the eruption in the scaly venereal disease, or true syphilis. In a few instances, I have observed it to occur in four or five weeks after infection. The papulæ, in some patients, were numerous on every part, but particularly on the face, back, and belly: in others they were more thinly scattered over the surface of the body. They do not all make their appearance together, as in the eruptions of the exanthemata, but follow each other in succession; so that on the same patient some spots will appear in their commencement like small pimples; others, which have arrived at maturity, form larger pimples, with acuminate tops, containing pus or lymph; while others, on their decline, consist of exfoliations of the cuticle. Their colour, in their latter stages, becomes paler, and assumes a copper tint, while the exfoliation of the cuticle gives an appearance of scaliness, a state in which it is most liable to be confounded with the scaly eruption of syphilis. But they may be readily distinguished from each other; for when the papular eruption is on the decline, and has assumed a pale red or copper colour, on examining the patient, we shall find other spots in their papular or pustular form, which will at once point out the character of the eruption. But the very appearance of the declining papulæ will, to a discriminating eye, be sufficient for this purpose; for its copper-coloured scaly surface

is more raised in the centre than its circumference, while the reverse is the case in the scaly leprous eruption of syphilis; as will be more particularly insisted on when treating of that eruption.

In Plate I. fig. 2. is represented a form of the eruption less frequently met with than the appearances delineated in the other two figures. The spots are considerably smaller, and at the same time more numerous. Few of the papulæ have acuminated heads containing matter; they are, in fact, minute red pimples clustered closely together. In some instances, papulæ, similar to those delineated in this figure, are clustered together in separate patches, which are of an irregularly circular form. The papulæ, as exhibited in those figures, continue a week or two before they begin to decline, and two or three weeks elapse before the discolouration of the skin which they produce entirely disappears.

In all cutaneous eruptions, attended with any degree of fever, there is, as Dr. Bateman observes, "a general tendency to sore throat, and even to affections of the eyes." We need not then be surprised, that the disease under consideration should have soreness of the throat as one of its most frequent constitutional symptoms. It is, however, widely different from that which takes place in syphilis, in which there is a deep excavated ulceration of the tonsils, with little inflammation or difficulty of deglutition. In this disease, on the contrary, the patient complains of considerable soreness, and difficulty of swallowing; and, on examination, the entire fauces, but more particularly the back of the pharynx,

exhibit an erithematous appearance, and not unfrequently with considerable swelling of the tonsils, which assume, as they always do when swelled, an irregular appearance, that is often mistaken for ulceration. The cervical glands also frequently swell and ulcerate in this disease, but more frequently when the eruption is on the decline. These swellings have hitherto been esteemed scrofulous, it being supposed, that the patient thus affected had scrofula lying latent in the system, which was brought into a state of activity by the mercury employed.

But this opinion is proved to be untenable by the fact, that the patient is equally prone to these swellings when mercury is not exhibited as when it is.

This symptom is a common and every day occurrence; and, in fact, we only recognise in it an analogous affection to that which often takes place at the termination of small pox, measles, scarlatina, and all the exanthemata.

The eruption, after having wholly disappeared, will, in some few instances, return again and again, at uncertain intervals of from one to several weeks, each successive crop, however, being less than the former, and attended with less constitutional derangement. The intervals between those attacks are also greater, as the disease exhausts itself, or yields to the powers of the constitution. But if the progress of the disease has been interrupted by mercury, before it has arrived at its latter stages, it becomes more obstinate and complicated than it would otherwise have been.

If that medicine be exhibited on the first appearance of the eruption, and while there exists considerable fever, with severe pains of the joints, which often demands the use of the lancet, the patient is, in general, rendered much worse, his fever is increased, and the pains become more severe.

But if the exhibition of mercury is postponed until the fever has subsided, the eruption will in most instances disappear under its use, and the pains, though not removed, will be alleviated. However, as soon as the mercurial irritation has ceased, a fresh crop of the eruption will, in general, make its appearance, together with an increase of pains in the joints, and, perhaps, with soreness of the throat.

Under these circumstances, another mercurial process is in general recurred to, and the symptoms yielding to that medicine, as in the first instance, induces a firm belief that the right path has been pursued, and that the former failure was owing to the employment of an insufficient quantity of mercury. The patient is, therefore, doomed to a severe and protracted course of that medicine, and while he is under its full influence, the symptoms will often return with additional severity, to the great perplexity of the surgeon, and disappointment of the patient. The return of the symptoms under these circumstances demonstrates that the mercurial irritation on the constitution is no longer capable of suspending that of the poison; a fact which is probably owing to the effects of habit; for the constitution having now become accustomed to

the mercurial irritation, no longer feels the same impression or is excited to the same actions as formerly, under its influence.

When the symptoms of the disease re-appear, at a time when the mercurial action is at its height, it is found to be absurd to persevere any longer in its use. It is, therefore, at length discontinued, from a belief that the symptoms under which the patient labors are not the effects of the poison, but of the antidote. He is, therefore, directed to adopt a plan, under which he might probably have recovered in the first instance. The mercury is discontinued, and sarsaparilla, or other vegetable tonics, which, without weakening the constitution, promote the several secretions, are directed. Under this plan, if his constitution has not been irreparably injured by the courses of mercury to which it was subjected, he in general recovers with a rapidity that even surprises his medical adviser.

If the advanced stages of this disease, but particularly if the eruptive fever, have been injudiciously superseded by the early use of mercury, or if the eruption has been repelled by imprudent exposure to cold, inflammation of the iris of each eye is a very common attendant.

This affection is now so well known, and so accurately described in all elementary works upon diseases of the eye, that it is only necessary for me to warn my junior brethren to be on their guard against an attack that occurs in the most insidious manner; but which rapidly destroys vision, if not energetically opposed by appropriate means.

Intolerance of light, and defect of vision, are in general the first symptoms which induce the patient to seek for advice. On examination, a want of the usual transparency of the aqueous humour is observable, and is caused by a deposition from the inflamed vessels of the iris: the pupilar edge of the iris at the same time exhibits a thickened and puckered appearance, which usually causes an irregularity in the circular form of the pupil, most observable at its upper part. A change of colour may be discerned in the iris, on comparing it with that of the other eye, if it has not been affected; and although the conjunctiva partakes in a slight degree of the general inflammation of the eye, yet the vessels of the schlerotic coat surrounding the cornea will be seen obviously enlarged, and deeply engaged in the inflammation, which we have no reason to suppose is strictly confined to the iris, but extends more or less to every part of the eye, as is indeed rendered sufficiently obvious by the pain excited from pressure on the eye-ball.

As the disease advances, adhesion takes place between the iris and capsule of the lens; the pupil becomes contracted, and portions of lymph not only plug up its orifice, but are deposited on the surface of the iris. Pus or lymph is seen lying at the bottom of the anterior chamber, the humours of the eye become more opaque, and vision more defective. The pain is sometimes intense and lancinating, but in general less considerable than might be expected from the extent of the disease affecting the delicate structure of the eye. Suppuration at

length ensues, and the eye becoming disorganized, the matter either makes its way through the sclerotic coat, or transparent cornea, but more frequently through the latter.

In a former publication, I stated that with a single exception, throughout the whole of my then experience, the eruption if any was present, which accompanied venereal iritis, was papular: and after six years' additional experience in attendance upon a large hospital, containing wards for the reception of venereal patients, as well as for those labouring under diseases of the eyes, and also an extensive eye dispensary attached to the institution, I have to confirm the above statement, by declaring that, among the numerous cases of iritis which have been during this latter period under my care, there was not a single instance of the disease accompanied by eruption, in which that eruption was not papular. And yet so guarded am I in my conclusions, that with all this experience, I did not, nor do I at present venture to assert, that this venereal affection of the eyes is only attendant upon the papular eruption.

This cautious observance, I should think, might have protected me from the uncandid observations of one of those puny aspirants after fame, who are contented to convert, by force of hammering and wire-drawing, the solid discoveries of others into an ostentatious display of their own tawdry tinsel: thus, in this author, the twenty pages of that ever-to-be-regretted original writer, John Cunningham Saunders, the first describer of iritis, are expanded into a

portly-sized octavo volume, that does not contain one fact of any practical utility, originating in this author's own experience. But the passage in question modestly runs thus: "Some species of eruption most commonly attends it (iritis,) and is usually either of the papular or scaly kind; *we are not, however, to credit the statement of a recent speculative writer, who would have us believe, that it is only joined with the papular, &c.*"

Although my name is not brought forward on the occasion, yet it is obvious that this sneer is intended for me, because it was only from my publications that he could have learned that iritis is a common attendant upon the papular venereal disease; a circumstance which, with some others of minor importance, he has thought proper to borrow from me without acknowledging the obligation. I am inclined to believe, however, that the scaly eruption he mentions was actually the papular in its declining stage; for the scaly or true syphilitic eruption has been but seldom met with in this city during the last eight or ten years, which probably comprises the space of this author's observations.

But to return to the other symptoms, I may observe that in many hundreds, I might with truth say thousands, of cases of this the most common form of venereal disease, I have not met with a single instance of decided nodes, or of those affections of the deep-seated parts, which are common in some of the other forms of venereal complaints; so that the absence of nodes may be considered as one of the characters of the papular disease.

It must be admitted, that, in a few cases, swellings occurred over the tibiæ, and, these might by some be denominated nodes. They differed, however, from nodes, in possessing much more of the inflammatory character, and in effecting obviously the integuments covering the bone, and not the bone itself, for they appeared suddenly, and after continuing a few days as rapidly disappeared without the exhibition of mercury.

I have in this outline sketched the leading characters of the venereal disease, attended with the papular eruption, and have purposely omitted some circumstances detailed in my first edition, which my increased experience has taught me to consider more as accidental occurrences than its usual and common attendants. It is not to be expected that a writer or lecturer shall detail every appearance which may possibly take place in any disease; all that ought to be demanded from him is, that he describe the usual and characteristic symptoms which are scarcely ever absent, and this I think I have accomplished in respect of the form of venereal disease under consideration.

THE TREATMENT OF THE PRIMARY SYMPTOMS of the papular disease is extremely simple. It consists in keeping the patient as quiet as possible; and if inflammation, with swelling and phymosis should be present, strictly confining him to a recumbent position. His diet should under every circumstance be very light; but in the latter case the antiphlogistic rules ought to be rigidly observed. The internal medicines I employ are cathartics, combined with

antimonial preparations; for instance, a couple of pills containing equal parts of the compound extract of colocynth and antimonial powder each night, and repeated in the morning if necessary; or a solution of sulphate of magnesia in plain water, or infusion of mint, with the addition of as much tartarized antimony as the stomach can bear, twice or thrice daily.

When there is a disposition to inflammation and phymosis, and that a patient has a good appetite, which he is not inclined to disappoint, the exhibition of this medicine is particularly advantageous. If the ulcers are at all irritable, confinement to the house will be almost as necessary as if the patient were undergoing a full mercurial course; and unless the ulcer is very inconsiderable indeed, the gentlest exercise will excite irritation. These ulcers will heal under the use of any simple astringent washes, or mild ointments; if, however, they should continue long obstinate in an indolent chronic state, mercury in alterative doses will indubitably hasten the cure: and an ulcer which, under different treatment, might not heal for several months, may thus be cured in a few weeks. This may be ascribed to the excitement of a new action in the part; and, with this view, I am in the habit of putting those affected with chronic indolent ulcers of the legs, arising from any cause whatever, on alterative doses of mercury, by which means the most obstinate of them are healed in a comparatively short period of time.*

* This remark the editor thinks he has often seen corroborated. Mercury should, however, be rarely given in such cases, in alter-

With respect to local applications, I employ such as are most likely to heal the ulcers as rapidly as possible, from a belief in this maxim, that the sooner an ulcer which secretes a morbid poison capable of infecting the constitution, is healed, the more likely is the constitution to escape contamination. We have seen from the analogy of this to other morbid poisons, as well as from the decisive experiments of Mr. Evans, that the earlier the stage of the ulcer from which infection is taken, the more active or virulent is the poison; and that in proportion as the ulcer advances to the secretion of pus, in place of lymph, its contagious properties diminish.

Influenced by these facts and considerations, when a patient applies to me with an ulcer in its first stage, while it is yet excavated and secreting lymph, I instantly endeavour to destroy its entire surface by a free application of lunar caustic; and when the eschar separates, I have often the satisfaction of finding a simple sore instead of a poisonous ulcer. Not, however, confiding altogether to the first application, I direct the patient to keep lint

ative doses, before the system is well prepared for it by the antiphlogistic measures above recommended. The hydrargyri oxy-murias in such minute doses as will hardly be sensibly felt by the patient, namely, the one-eighth or one-tenth of a grain in pills or solution twice a day, frequently acts like a charm in healing ulcers of a very indolent character. Hence the reputation of certain Rob's, Panacea's and other nostrums, of which this preparation of mercury is the concealed basis, and which are most frequently resorted to in the declining stages, after the use of other measures may have paved the way to their successful administration. This lucky application of them is the grand secret of those *miraculous* cures which astound the public, and frequently perplex and even put to the blush our most able physicians. E.

moistened in a solution of nitrate of silver, (in the proportion of three or four grains to an ounce of distilled water,) constantly to the ulcer; which solution I gradually diminish in strength as the sore assumes a healing disposition.

An opinion has prevailed, owing, I believe, in a great measure to the writings of Mr. Benjamin Bell, that the application of caustic to primary sores excites bubo. It may possibly do so by partially irritating, in place of wholly destroying the ulcer; but for my part, I have by no means found that bubo is apt to follow the application of caustic to the ulcers under consideration, when it is applied at the period that they are alone fitted for the experiment, viz. at their commencement, when they are in their excavated state, secreting lymph, and of small extent compared to that which they may afterwards attain.

In the second stage of the sore, however, when its surface is either on a level with the surrounding skin, or raised above it, and that pus and not lymph is secreted, it would be folly to apply caustic with the object of cutting off infection, or altering its nature. It has already existed too long to afford a chance of the former, and the latter is unnecessary, as the ulcer is already approaching the nature of a common sore. The applications I employ in this stage are those most likely to accelerate the healing process, such as a solution of nitrate of silver in the proportion of one or two grains to an ounce of distilled water, or the black or yellow mercurial washes; the

lint with which any of these are applied ought to be changed thrice a day.

When these ulcers become very much raised, exhibiting a fungous appearance, touching them daily with sulphate of copper will hasten their cicatrization. In some instances, particularly when the sores are on the external prepuce, or body of the penis, ointments are most suitable; among these I have found the zinc ointment, either alone, or blended with a third or a fourth of the nitrated mercurial ointment, the best application.*

Whenever a disposition to phymosis occurs, the patient should be confined strictly to the recumbent position, and desired to inject warm water frequently between the glans and prepuce. Poultices of bread and water may also be applied with advantage to the entire penis; and the antimonial solution given in such doses as will excite slight nausea; but when the inflammation is violent, the penis considerably swollen, and attended with acute pain, if the most active measures are not immediately adopted, the inflamed parts will fall into a state of mortification. In these cases, the symptomatic fever runs so high, that the pulse is from 110 to 130, with thirst and restlessness. Under such circumstances, I immediately direct blood to be taken from the arm, in proportion to the urgency of the symptoms and strength of the patient, and repeat the venesection

* The healing of these sores may likewise be greatly expedited by the daily application on a piece of lint of a saturated solution of the sulphate of copper in water, with dressings of simple cerate or red precipitate ointment.

every six or eight hours, until the inflammation begins to yield. It is as necessary to have recourse to the lancet in those cases, as in pleurisy, or in the most acute ophthalmia. However beneficial local bloodletting may be in inflammation of other parts, it is scarcely admissible in this; for if the matter which flows from beneath the prepuce should come in contact with the wounds inflicted by leeches, troublesome sores might ensue, which would still farther add to the inflammation it was intended to subdue. By active measures of this kind, if employed in time, we shall avert the usual result, viz. mortification of the prepuce, or suppuration of the body of the penis under its investing ligament.

In some cases, a portion of the prepuce will slough in such a manner, as to leave an opening through which the glans penis passes out; and the remainder of the prepuce lying behind, or at the frenal side of the glans, forms a useless appendage when the parts are healed. When the other attendant upon inflammation of the penis, viz. the formation of matter under its ligament, takes place, the pain is excessive, from the unyielding nature of the ligament; and the entire penis acquires a state of constant tension, and becomes indurated in an extraordinary manner. The integuments are of that red colour which indicates the presence of matter underneath, but no fluctuation can be felt, on account of the thickness, and unyielding nature of the investing ligament of the penis. This circumstance can only be discovered by the previous symptoms, the pain and tedious obstinacy of the disease, the cal-

lous state of the penis, and the discolouration of its integuments. The matter at length, usually makes its way through that part of the dorsum penis nearest the pubis, where the ligament is found less dense than elsewhere; and a probe will freely pass into the small round opening through which it flows, and may be moved, in any direction, under the ligament. But instances sometimes occur, where the matter points over or above the pubis; and, in this case, a deep abscess is always formed. In the progress of the complaint, the ligamentous covering of the penis will occasionally ulcerate and slough away; in which case, a foul and extensive ulcer, with averted edges, will occupy the dorsum penis, closely resembling, in appearance, that produced by a deep-seated paronychia, a day or two after a free incision has been made on the anterior part of the finger. Nor can we adopt a more certain mode of arresting the progress of the disease under consideration, than by a free incision of the dorsum penis, longitudinally through the ligament, before ulceration takes place; for if we wait for this event, the organization of the penis may be destroyed. But the matter, once allowed an exit, the pain, tension, and other symptoms, in general soon give way under the use of emollient applications.

In some instances the matter finds a passage at the corona glandis, and the probe introduced into this opening will pass under the ligament of the penis, often as far as the pubes, at the upper part of which sinus it will be necessary to make an opening; this will sometimes succeed, and the cavity

will gradually close. In other instances, however, amendment will not follow this step; the openings will contract, notwithstanding every attention, so as to prevent the discharge from flowing off, and the confinement of the matter will occasion much pain, and an appearance of pointing on the dorsum penis between the two openings. These tedious, painful, and embarrassing circumstances may be prevented by the timely use of a seton passed from one opening to the other, which occasions a free exit to the matter. As the discharge diminishes, the threads of the seton may be gradually reduced, until it is withdrawn altogether; laying open the entire extent of the abscess with the knife is too severe an operation, and would probably, in the swollen and diseased state of the parts, be followed by sloughing of the ligament, and disorganization of the penis; enlarging the original openings in general only affords temporary relief. But in the mode of treating those cases by seton, I have, in many instances, perfectly succeeded in removing the disease, leaving the state of the parts uninjured. The preceding observations respecting the formation of matter under the ligamentum penis, and the mode of treatment, of course, equally apply to the other forms of venereal disease, as well as that which produces the papular eruption.

The simple venereal primary ulcer, as well as every other description of primary ulcer, is liable to be followed by warts; when they are numerous, and their bases comparatively broad, they will, in some instances, almost conceal the surface of the

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glans and prepuce, and it has long been a desirable object to possess an application capable of destroying them.

Practitioners agree that mercury does not affect them, and the common caustics, savin or verdigris, will, under the circumstances in question, require in the most favourable instances months for their removal; and, perhaps, fail after the most patient and continued perseverance in their use.

But I have had the satisfaction of introducing an application which I have never known to fail in any instance, however numerous and extensive these untractable excrescences. The idea of applying acetic acid to warts, was first suggested by a knowledge of its extraordinary effect upon those well-known indurations of the cuticle called corns, which it will in general remove in one or two applications; and, if not carefully managed, all the surrounding cuticle which it may happen to touch. But however efficacious this remedy, I would only recommend its application to large warts with broad bases, on which it should be rubbed daily by means of lint on the end of a probe. Where they have narrow necks, the most expeditious way, and one which is perfectly safe, is to cut them off with scissors, and afterwards, if it is thought necessary, apply lunar caustic to the wound, after the oozing of blood has ceased.

Having considered the treatment of the simple primary ulcer, and its consequences, I shall proceed to make a few very brief observations on that of the patchy excoriation of the glans and prepuce, and also on gonorrhœa virulenta.

Of all venereal complaints, the patchy excoriation, or chancreous excoriation, as it was formerly termed, is the most easily cured; any mild astringent lotion, injected five or six times daily between the glans and prepuce, will remove it in a few days. That I usually employ is the yellow mercurial wash above mentioned; but weak solutions of acetate of lead or sulphate of zinc, or even simple ablutions, may answer equally well. It is so easily cured, even under common attentions to cleanliness, that I cannot conceive how some practitioners can have the conscience to subject their patients to a five or six weeks' course of mercury, for a complaint that simple water may remove in a few days.* This excoriation is, however, very generally accompanied with gonorrhœa; and so commonly is this the case, that many have very judiciously given it the appellation of external gonorrhœa.

We have now to say a few words on the treatment of gonorrhœa virulenta, the only remaining primary affection of the papular venereal disease to be considered. During the early or inflammatory stage of this affection, we observe that the discharge, though purulent, is thin, and stains the linen of the patient with a greenish hue; and that during this period, which corresponds with the first stage of

* It might puzzle a moralist, or a phrenologist, to decide whether in some medical heads the *auri sacra fames*, as to himself, or the *hydrargyri sacra fames*, as to his patient, forms the most predominant propensity. But where both are combined, he would soon discover that their power is irresistible, and that poor conscientiousness would be allowed to remain in a state of perfect repose.

the simple primary ulcer in its excavated state, when it secretes thin ichorous matter, the disease is in its most virulent and infectious state. But as this specific inflammation of the mucous membrane of the urethra subsides, the secretion from it becomes thicker, more purulent, and we may add, without much assumption, less infectious.

During the first, or inflammatory stage, nothing farther can be done than to lessen the inflammation; this sometimes runs so high as to excite sympathetic fever, and demands the use of the lancet; but it must be acknowledged that general blood-letting is seldom necessary, except rendered so by the imprudence of the patient. In this stage I usually have recourse to my favourite solution of tartarized antimony, with or without sulphate of magnesia.

This medicine prevents the patient from indulging a good appetite, lessens inflammation, and is the best preventive against painful erections or chordee. During its exhibition the patient is directed to dilute largely, which by causing frequent passage of the *urina potus*, washes off frequently, without irritation, the virulent matter secreted by the urethra.*

* This useful intention may be promoted by frequent draughts of Gum Arabic water, infusion of Marsh Mallows, Linseed Tea, and Orgeat Sirop and water. One of the best drinks is prepared by dissolving ℥j of Gum Arabic, and ℥ij of purified Nitre, in a quart of Flaxseed tea. Of this the patient may drink plentifully during the existence of the ardor-urinae or other inflammatory symptoms.

Painful erections and chordee are often very troublesome attendants on gonorrhœa. By the use of warm fomentations these are generally most quickly relieved, although the opposite plan

I have been informed by several surgeons, that during the first stage of gonorrhœa, they have succeeded in curing it almost instantaneously, by injecting into the urethra a strong solution of the nitrate of silver; for instance, ten or twelve grains to

of bathing the parts in cold water, and applying it in a bottle or bladder between the thighs, occasionally better answer the purpose. A grain or two of opium with four or six of camphor, taken at bed-time, will often prevent the occurrence of these unpleasant symptoms during the night, but their permanent cure can only be expected from the employment of those general and local measures best calculated to subdue the main disease. Chordee is supposed to be occasioned by an effusion of coagulable lymph into the cells of the corpus spongiosum, producing adhesion in its cells and preventing distention. When, therefore, an erection takes place, to which, owing to the excitement commonly present in gonorrhœa, the penis is exceedingly prone, the cavernous portion enlarges, but the undistended spongy portion acts upon it like a chord and bends it downwards. The hardness which sometimes remains after the inflammation and other symptoms subside, may be removed by the application of camphorated mercurial ointment. During the acute stages of gonorrhœa, bleeding from the urethra occasionally takes place, which, although it generally contributes to the relief of the patient, occasions him considerable alarm. Pressure made upon the canal with the hand, and continued 15 or 20 minutes, will often be sufficient to arrest the hæmorrhage. Sometimes, however, it is requisite to apply a roller over the whole penis, and pass a T bandage under the perineum. The practice of introducing bougies for this purpose, is calculated to do mischief, by removing the clot and aggravating the inflammation.

The sudden stoppage of the discharge in gonorrhœa, instead of affecting the testicles or other parts, sometimes produces a watery effusion into the prepuce, which becomes more or less distended like a bladder. The treatment which the editor has pursued in such cases, with unvaried success, consists, first, in the prompt removal of the exciting cause, whether this be exercise, an external irritant, or an internal stimulant, and afterwards the observance of rest, with the use of cooling aperients and diuretics, and more particularly frequent bathing the part affected in a watery solution of opium (ʒss to ʒviij) applied warm. Venesection is often highly necessary. The running generally recommences on the reduction of the excitement, and should not be suppressed by any means before the complete subsidence of the local and general inflammation.

an ounce of distilled water; that this injection caused at the moment great pain, but that no discharge afterwards followed its use, and the further progress of the disease was thus summarily stopped.

Now although this information came to me through so many respectable channels, that I cannot doubt the fact, yet the practice is attended with such risk of exciting severe inflammation of the entire urethra and bladder and all the immediate as well as secondary train of evils attendant upon this calamity, that I have no hesitation in saying that it is a practice that cannot be too strongly deprecated.

However, we perceive that the success which has in numerous instances occurred, is analogous to that which follows the application of the same remedy to the simple primary venereal sore, during its first or excavated stage.*

In the second stage of gonorrhœa the discharge is thicker and more purulent, and the disease becoming milder, gradually loses, like the simple pri-

* Warm fomentations applied to the penis during the inflammatory stage, will, in most cases, be found eminently serviceable. Simple water, or milk and water, made of a pleasant temperature, answers every purpose. The applications should be frequent, and continued for at least 10 or 15 minutes each time.

The inflammatory attendants of gonorrhœa, viz: painful swellings of the glands and parts adjacent, and even of the testicles, are not always to be regarded as interdicting the use of the Balsam Copaiva, or other terebinthinate medicines. When the pulse and other signs indicate that the general action of the system does not correspond with the local excitement, these medicines may be often administered so as speedily to remove the disease with its local inflammatory symptoms. The result of this practice does not accord with the commonly received theories. In fact such a practice is only to be adopted after the most careful consideration of the habit and particular circumstances of the patient. E.

mary ulcer, its specific or infectious properties. The purulent discharge at length ceases altogether, and the urethra returns to its former state, or to one of an increased mucous secretion, constituting the affection termed gleet, which may remain a very indefinite time.

During the second stage, such medicines are found beneficial as seem to possess most power over the altered secretions of the mucous membrane in all parts of the body. No specific or anti-venereal powers are esteemed necessary in the remedies employed even by those who consider gonorrhœa and chancre to arise from the same poison. Among these terebinthinate medicines have been long resorted to as affording the best means of curing gonorrhœa; and balsam copaivæ is the remedy upon which, with justice, most reliance is placed, when given in as large doses as the stomach can bear.*

Cubebs, in some instances, has answered my ex-

* The following formula will be found a highly advantageous mode of using this medicine:—

R. Bals. Copaib.
Spts. Nitri Dulc. āā ʒj.
Tinct. Opii
Spirit. Camphoræ, āā ʒj.
M.

Of this, the ordinary dose may be a teaspoonful three times a day.

The Balsam when thus administered, will, in general, be found less nauseous and oppressive to the stomach than when given in the more usual modes. To some stomachs, however, this medicine proves extremely offensive in every shape, so that the whole system participates in its disagreeable effects. In such cases, it has been found a good plan to omit the morning dose of the above mixture and substitute a moderate portion of some neutral aperient salt, after the operation of which, the Balsam may be taken liberally in the after part of the day.

E.

pectations; but, in the majority of cases, has disappointed them altogether.*

If the discharge should continue obstinate, notwithstanding the above measures, recourse may be

* Cubebs, to be used with advantage, require a nice discrimination into the circumstances of the case, and even with every precaution on the part of the practitioner they will often disappoint his expectations. Being of a highly stimulating nature, their employment is countermanded by the presence of much inflammation, fever, or even a febrile or inflammatory diathesis, except these conditions be considerably on the decline. When the inflammation is entirely confined to the mucous surfaces, they may be exhibited with more success than when it involves the neighbouring parts. From comparative observations made in the East Indies and elsewhere, there is reason to believe that they are best adapted to the gonorrhœa's occurring in the relaxed and less phlogistic constitutions of warm climates. To derive their full advantage, they should be administered in large doses, that is to say, from six to eight drachms of the powder per day, or as much as the stomach will bear. The following prescription unites the powers of the Balsam and Cubebs, and though deficient in *elegance*, has often made rapid cures.

R. Pulv. Cubebæ,
 Spts. Nitri Dulcis.
 Bals. Copaibæ, āā ʒss.
 Pulv. Gum Arab.
 Sacch. Alb. āā ʒij.
 Tinct. Opii. gtt. xxx. vel. ʒj.
 Aq. Fluvialis, ʒvj.
 M.

The dose may be a table spoonful every third or fourth hour.

One of the best and safest injections adapted to gleet or the second stage of gonorrhœa, is a solution of the Sulphate of Zinc, the strength of which should not at first exceed a grain or a grain and a half to the ounce of plain water or rose water, but may be gradually and safely increased to five or ten grains to the ounce, should the discharge continue obstinate. The remedies for Gonorrhœa ought not to be left off as soon as the discharge is arrested, but continued for at least ten days longer, during which time they are to be gradually diminished. No case of gonorrhœa can be considered as cured until after the running and concomitant symptoms have disappeared for that length of time at least. It is to be regretted that the popular injection of Lead-water used in all stages of the disease, is so frequently followed by unpleasant consequences, of which gleet swelled testicle and stricture are the most common.

had to astringent injections of a mild description, such as half a grain to a grain of the oxymuriate of mercury, in six or eight ounces of lime-water; or from two to four grains of the sulphate of zinc, or sulphate of copper, in the same quantity of rose or distilled water, beginning always with the smaller proportion.

When there is much irritability of the urethra, injections of any description are inadmissible; for it is far better to trust to time and internal remedies, than to tamper with stimulating applications, which may irritate the parts in their state of increased sensibility. Some are inimical to the use of any injections whatsoever, and lay to their account the different unpleasant consequences which are so frequently attendant upon gonorrhœa; such as chordee, inflammation of the neck of the bladder, of the testes, and strictures of the urethra.

There is no doubt, that the imprudent use of injections (which are most frequently irritating, though intended to be astringent,) may induce the complaints alluded to; but at the same time, those complaints occur every day in patients who have not employed an injection. Strictures are more generally attributed to the use of injections, than any other attendant of gonorrhœa; but I have as frequently witnessed their occurrence where injections have never been used; so that I am more inclined to ascribe these affections to the irritation of gonorrhœa than to any other cause.* The sooner such ir-

* During several years practice, in which the solution of Sulphate of Zinc has constituted a favourite astringent injection, the editor has never had a single case followed by stricture or swelled testicle.

ritation is removed, the more likely is the patient to avoid those unpleasant visitations, which are far more to be dreaded than the original disease. I have therefore no hesitation in putting as speedy a termination to the discharge as I can, by the use of the injections above recommended, if the internal remedies mentioned disappoint my expectations.*

Should buboes attend any of the primary symptoms detailed in this chapter, I have not learned from experience that mercurial frictions will discuss them; on the contrary, the trials I have made incline me to believe that this medicine tends rather to increase their inflammation, and, consequently, their tendency to suppurate. But even under suppuration, they will heal much more readily than if the patient were subjected to a strong mercurial irritation. The application of leeches and cold lotions, with attention to rest and quietness, will often succeed in dispersing them. But buboes, in this form of venereal disease, are often remarkably hard and indolent, evincing neither a tendency to disperse or to suppurate. In such cases, the greatest advantage may be derived from the repeated application of blisters to the indurated bubo; which soon either cause the dispersion or the suppuration of the tumour, and thus free the patient from a troublesome symptom, which might otherwise continue many months to torment him. If suppuration takes place, it is my practice to allow the tumour to break spontaneously, except the patient should suffer much pain be-

* For further information relative to *strictures, swelled testicle, &c.* see the supplement to this Chapter. E.

fore this event occurs, which often renders it necessary to use the lancet as a means of relief.*

At the time of my former publication, when it was the general opinion that mercury was indispensably necessary for the cure of all venereal complaints, I deemed it incumbent on me to support my doctrines by adducing a host of cases that occurred in public hospitals under the eyes of numerous spectators: but now that it is almost universally acknowledged that every form of venereal disease *can* be cured without mercury, it is no longer necessary to overwhelm my reader with the display of some thousands of cases, which might be brought

* The treatment of buboes here recommended by the author, deserves particular attention, as it varies from the practice commonly followed in this city, not less in form than in efficacy. The objections to rubbing in mercurial ointment are numerous and formidable. In the first place, the operation is dirty and disagreeable, rendering concealment almost impossible, and undoubtedly tending, as the author remarks, to encourage the disposition to suppuration. The only method, in which the editor has applied the Ungt. Hydrarg. to buboes, apparently with good effect, has been as a dressing, to promote the discharge from blistered surfaces, and prevent their healing. Where mercurial frictions are employed for the discussion of buboes, most, if not all, the benefit which may arise, should, perhaps, be ascribed to the action of friction rather than to the virtues of the ointment. Indolent enlargements of the inguinal glands may often be dispersed by applications of a stimulating kind, such as the soap, volatile or camphorated liniments, which are far from being unpleasant. The editor would further observe, in relation to the application of leeches, that they are too often resorted to for the reduction of this and other species of inflammation, before they have a chance of doing good, for, should the inflammation be high, and the pulse active, little benefit can be expected from their application. The smaller vessels may, indeed, be relieved for a short time, but the vigorous circulation in the larger vessels soon distends them again. To produce permanent effects the general increased action of the system must be previously reduced. E.

forward to support this doctrine. I shall therefore pass on to the consideration of the TREATMENT OF THE CONSTITUTIONAL SYMPTOMS of the papular venereal disease.

The papular eruption, and its accompanying symptoms, will yield, I firmly believe, in every instance to the powers of the constitution; but it sometimes requires several months to overcome the disorder, which will disappear and recur again and again in successive crops of the eruption, until at length, to use a familiar expression, it has entirely worn itself out.

The cure, no doubt, will be considerably hastened, when the disorder is on its decline, by the exhibition of alterative doses of mercury. These doses, as I can aver from very extensive experience, being quite sufficient for the purpose.

The eruption is usually ushered in by considerable fever, pains in the different joints, and frequently with dyspnœa and pain in the chest: symptoms which often demand the repeated use of the lancet; and I have always observed that great relief is obtained by these depletions, and that the blood betrays the usual signs of the inflammatory state. During this stage, the other means belonging to the antiphlogistic plan should not be neglected, but particularly the exhibition of antimonials. These afterwards, when the inflammatory diathesis is removed, I combine with decoction of sarsaparilla, and this treatment seldom fails to remove the symptoms. But if the eruption and pains continue to linger, I usually direct pills of antimony and calo-

mel,—for instance, the compound calomel pill, (Ph. Lond.)—in small alterative doses, together with the decoction of the woods, which, in the declining stage of the disorder, can be exhibited with safety, and has in no instance disappointed me in removing this form of disease, which is indeed the simplest and most manageable of these diversified complaints.*

May we not presume, that the ease with which this disorder is cured, in some degree, arises from the fever or re-action of the system which attends it. In this respect it bears a close analogy to the exanthemata—poisons which the constitution overcomes by its own unassisted powers. And should we not, therefore, be careful, not unnecessarily to interfere with the powers of the constitution, which we have now sufficient evidence to assure us, are in every instance adequate to overcome the poison which induces this form of venereal disease?

If Hunter's account of the progressive, and *never retrogressive* symptoms of syphilis, when mercury is not employed, be true, may we not ascribe this

* In such cases the oxymurias hydrargyri in such minute doses as will occasion no inconvenience to the stomach or system, will be found the most advantageous form in which mercury can be administered. Of nearly equal efficacy is the Plumber's pill or powder, 8 or 10 grains of which may be given as a dose, night and morning. The Plumber's powder is thus prepared.

R. Sub. Mur. Hydrarg.

Sulph. Aur. Antimon. āā ʒj.

Sacch. Alb. ʒij.

M.

The dose for an adult may be eight or ten grains, morning and evening. In this form the calomel undergoes such a chemical change, that its action is rendered much milder, and directed to the skin, and lymphatic system generally, rather than to the salivary glands or other organs.

E.

circumstance to the want of that fever which attends the exanthemata, and the virus which produces the papular eruption.

These observations were published in a former work, and it was only lately I discovered that the revered Linnæus—that close observer of nature, who threw off the trammels of authority, and made use only of his own sound intellect and penetrating observation, in ascertaining the properties and phenomena of organized beings, from the simplest vegetable production to man himself—Linnæus, in his *Genera Morborum*, places the venereal disease in the class of exanthemata, i. e. fevers attended with eruption on the skin. His English translator observes, “Our author stands alone in bringing syphilis (every form of venereal complaint is termed syphilis) into the exanthematic; and he considered himself justified by its being attended, in the advanced state at least, by fever and eruptions.”* Linnæus was perfectly justified in doing so; for if the term exanthem is intended by nosologists to designate “a contagious disease beginning with fever and followed by an eruption on the skin,” the various forms of venereal disease, but in particular the one under consideration, have as strong a claim to be included in the class as either small pox or measles.

I shall make so bold as to add, that venereal diseases ought to be treated on the same principle; and that, when we quit the plain dictates of general pathology, to follow those of mysticism, if not of

* Pulteney's Linnæus, by Maton, p. 144.

empiricism, we only embroil ourselves in inextricable errors,—rashly driving the eruption from the skin, heedless of the axiom of the philosopher Jenner, “that eruptions on the skin are the safeguards of the constitution;” and the consequence too frequently is, that the periosteum, bones, and deeper seated parts, become affected; and thus the disease, instead of yielding in a few weeks, requires months, nay, sometimes years, to restore the patient to his former state of health. This position is supported by the treatment found most beneficial for the other exanthemata. Who ever dreamed of such an exploit as repelling the eruption of small pox or measles? If this event should unfortunately occur, the most alarming symptoms ensue, in consequence of the lungs, or other internal organs, becoming affected.

I have already mentioned, that the use of mercury in the yaws, (a disease which deserves also to be placed among the exanthemata,) is abandoned, because it is found to drive the distemper from the skin to the periosteum and bones. Other diseases might also be adduced of the same character, in which this mal-treatment is equally dangerous. Calisen, in the treatment he lays down for the northern leprosy, or radesyge of Norway, (and, as I have mentioned, probably the sivvens of Scotland,) states, that mercury, carried to the point of salivation, is always found to be injurious; that repellent applications should be decidedly shunned, as certain danger is incurred by driving the acrimony of the dis-

temper upon the interior and more important parts.*

The papular venereal disease is of such frequent occurrence, that I am within moderate bounds when I assert, that at least three-fourths of all the venereal complaints which are prevalent in these countries, are of that species, which gives birth to the papular eruption—a form of disease which I am better pleased to encounter than any other, as I am always certain of seeing it yield without trouble to the mode of treatment I have detailed, unassisted by the disgusting and injurious process of a full mercurial course. Confinement, however, is necessary, and in cold weather should not on any account be dispensed with. The rapid amendment which takes place among hospital cases, in this species of venereal disease, is a sufficient proof of the utility of confinement.

I am, however, always better satisfied, in this form of disease, of the permanent safety of my patient, where mercury has not been employed, than where it has; for my experience enables me decidedly to affirm, that if the papular eruption, or its accompanying symptoms, do not return in a patient *who has not used mercury* after a lapse of a few weeks, he may be considered as perfectly well; but on the contrary, *if he has employed that medicine*, the disorder may return after an interval of many

* Mercurium ad salivationem fortiozem usque porrectum semper nocuisse compertum est. Remedia externa reprimentia quæque omninò erunt evitanda, dum ab acrimonia ad interiores atque nobiliores partes delata certum periculum inducatur.—Systema Chirurg. tom. i. p. 194.

months, unless exhibited when the disease was manifestly on the decline; and therefore I always consider a patient who has been treated without mercury, as much more secure against a relapse, than one who has employed it.

Mr. Guthrie, in his observations upon those cases which he treated without mercury, remarks that "it appears singular, that in the secondary cases, the symptoms should all have been of a mild nature; in two instances only affecting the bones;"—and we should recollect that this was the small proportion which occurred in upwards of five hundred cases.*

Mr. Rose also observes the same circumstance; his words are, "it is now generally admitted, that the majority, and certainly by far the most serious diseases of the bones, as well as many other most distressing symptoms which are met with in all these diseases, are to be attributed to the injurious or excessive use of that remedy."†

I shall take this opportunity of observing, that in the many hundred cases I have noted of the papular eruption, which I have treated in the Lock and Richmond Hospitals, and in private practice, since my present views first occurred to me, I have not met with a *single instance* in which it was attended with nodes. But whether this was owing to the nature of the poison, or to the circumstance that mercury was not exhibited (except in a very small proportion of cases, when the disease was on

* Med. Chirurg. Transactions, v. viii. p. 561.

† Ibid. p. 425.

the decline,) remains to be determined by future experience.

It is an undoubted fact that, *cæteris paribus*, hospital patients recover more rapidly than private patients, from their venereal complaints. This appears to me to be evidently owing to the state of quietude in which the former remain in the warm air of their wards, not exposed to the cold, moist, and varying atmosphere of our climate, which our private patients, notwithstanding every exhortation to the contrary, have too often the fool-hardihood to encounter. The necessity of confining a patient to his apartment, when affected with an eruption which is usually attended with pains and considerable constitutional derangement, few will be disposed to deny, even although mercury should not be employed. The importance of this measure is, in my opinion, so great, that I have not a doubt but that a considerable share of the benefit which results, when a patient is put on a mercurial course, has arisen from his confinement to his room, which, except under the use of this medicine, is seldom thought necessary.

A circumstance of an opposite nature, and which gives rise to an analogous mistake, is the improvement that always ensues, when scrofulous children are sent from crowded towns to the sea-side to bathe. The amendment is entirely attributed to the seawater; while the removal of the young patient from a vitiated to a pure atmosphere, together with an increase of exercise, and, consequently, of appetite and health, are in fact, the chief, though unnoticed

agents which effect the favourable change that almost always takes place in such cases.

The general treatment of this disorder should be the same as that which has been found most serviceable for the yaws, in which mercury is injurious, unless employed at a late period, after the disease has nearly yielded to the powers of the constitution; because its exhibition, as I have elsewhere observed, merely suspends the influence of the poison of this disease for a time, but does not supersede its action altogether, as is too certainly evinced by a return of the symptoms, as soon as the mercurial action subsides, when it becomes more severe and tedious than before. In fine, our object in the treatment of the constitutional disease under consideration should be,—1st. To moderate the action of the system, if the fever which attends and accompanies the eruption should be violent.—2dly. After the fever is considerably lessened, or subdued, the exhibition of sarsaparilla, either alone or combined with antimonials, affords the most safe and efficacious mode of treatment. The action of sarsaparilla, particularly when assisted by antimonials, is to increase all the secretions; and these must not be checked, particularly that of the skin, by imprudent exposure to cold. The diet of the patient may be light and nourishing, but not heating or stimulating, and he ought to increase the quantity of mild diluting drinks he is in the habit of taking, which will assist the action of sarsaparilla on the skin and kidneys. The practitioner himself should be observant that this medicine is carefully prepared, and of

a good quality. Not only boiling water extracts the virtues of sarsaparilla, but lime-water is supposed, by acting on the cortical part, to be equally efficacious.*

3dly. When the eruption has declined, no new spots appearing, and those that remain all desquamating or scaly, while the patient still complains of lingering pains in his head, elbows, hips, or knees, the disease being obviously on the wane, it may now be subdued altogether by alterative doses of mercury conjoined with antimony, for which object the compound calomel pill of the London Pharmacopœia affords an excellent example; and with this medicine the sarsaparilla may still be continued, either in the form of decoction or infusion.†

* The red sarsaparilla, so named from the colour of the inner bark, has been lately introduced into practice, and is far superior to every other description. The decoction, according to the London Pharmacopœia, is that I am in the habit of employing. The infusion of sarsaparilla in lime-water may be made according to the following formula.

R. Sarsaparillæ Rad. incisæ, ℥iv.

Glycyrrhizæ Rad. contusæ, ℥i.

Aquæ Calcis, lb. iv. macera per horas xxiv. in vase lentè clauso, dein cola.

If we substitute the bark of the root in place of the root itself, we shall have, of course, a more powerful infusion.

A pint daily is the medium dose.

† In doses of the eighth or tenth of a grain in the form of pill or solution, repeated two or three times a day, the oxymurias hydrargyri operates very favourably in these cases. It is not the least recommendation which this preparation possesses, that it is capable of performing a cure without producing those unpleasant effects which often prevent that concealment which is in general so highly desirable. The grand rule to be observed in the administration of this, and all other preparations of mercury, in alterative doses, is, never to begin with them until fever, inflamma-

It may be useful to insert three or four cases, by way of example, of this form of venereal disease, and of the mode of treatment recommended. I shall, therefore, select out of the numerous cases already published, the following brief statements.

Case 1.—Thomas Trainer admitted, December 23d, 1812. His complaints were phymosis and purulent discharge from the glans and prepuce, an ulcerated bubo in the right groin, and an incipient bubo in the other. There was also considerable swelling and thickening of the scrotum, but the testicles were of their natural size. He stated, that he was four months disordered, and that the first symptom with which he was affected was gonorrhœa, and that the other complaints shortly afterwards succeeded. I direct the antimonial solution,* and the lotion of calomel and lime-water.

28th.—The discharge and swelling of the penis were entirely removed; on retracting the prepuce the parts were free from ulceration. The ulcerat-

tion and all other increased excitement or action of the system has been subdued. This rule not only applies to the treatment of the forms of syphilis, but should be kept in view whenever a mercurial is prescribed more as an alterative than as a prompt evacuant. E.

* The following is the formula of the antimonial solution employed in the Richmond hospital.

R. Antimonii Tartarizati, grana quatuor,
 Aquæ distillatæ septem uncias,
 Tinct. Cardamomi comp. drachm. tres,
 Tinct. Opii drachm.

M. Syrupi Cort. Aurant. drachm. quatuor, sumatur cochl. ampl. ter quaterve quotidie.

ed bubo was healing, and that of the other was declining fast. The swelling and thickening of the scrotum were also considerably lessened. He complained, however, of severe pains in his joints, particularly at night.

January 12th, 1813.—The swelling of the scrotum had again increased, and he complained of soreness in his throat. On examination, the back of the pharynx appeared raw and excoriated, and the velum and uvula swelled and relaxed. I directed the dococ-tion of sarsaparilla, in conjunction with the antimonial solution.

15th.—An eruption of papulæ broke out all over his body, attended with high fever, pain in his chest, and difficulty of breathing. The scrotum and penis were very much swelled, and the prepuce so much swollen as to resemble a bladder of water. The soreness of his throat was increased, and the pains of his joints had become more severe. I directed that he should be bled to sixteen ounces, and the antimonial solution to be continued without the sarsaparilla. On the following day his fever seemed to be considerably diminished, and his breathing was free. There appeared numerous small ulcers on the scrotum, which were probably the papulæ, altered in their appearance by the friction to which they were exposed on this part during locomotion.

21st. The swelling of the penis and scrotum had disappeared, and the eruption had entirely declined, and on the 25th he was discharged the hospital well. The speedy termination of the constitutional symptoms in this case was probably, like those of

the exanthemata, owing to the acuteness of the fever, which was so high as to require the use of the lancet. The eruption closely resembled that represented in Plate I. fig. 1.

Case 2.—Michael Dunn, admitted December 31st, 1812. His complaints were phymosis, with purulent discharge from the glans and prepuce, and a deep foul ulcer of the right groin. He stated that he was disordered two months before his admission, and that he had not used mercury. I directed him to take the nitrous acid mixture daily, and to use the lotion of calomel and lime-water.

January 6th, 1813.—An inflammatory red swelling, the size of a dollar, appeared suddenly over the right tibia, to which I directed him to apply saturnine lotion, by means of folded linen.

12th.—The discharge from the glans and prepuce was stopped, and he could retract the latter. The tumour over the tibia was nearly dispersed, and the ulcer of his groin looked healthy, and was granulating.

17th.—He was discharged the hospital well.

Case 3.—Patrick Gordon admitted February 20th, 1813. His complaints were phymosis, purulent discharge from the glans and prepuce, and an eruption of small red papulæ on every part of his body. He complained of pains in his shoulders, arms, hips, and in the small of his back, which were most severe at night. He stated, that he was five months disordered; that six weeks before his admission he was attacked with pains in his joints, attended with feverishness, and that three weeks afterwards the

eruption appeared. He had taken mercurial pills, which did not produce any beneficial effect upon his complaints.

I directed him to take the nitrous acid mixture, and to inject the lotion of calomel and lime-water between the prepuce and glans.*

22d.—The discharge was stopped, but the pains were more severe. On this day the drawing, as represented in fig. 2. Plate I. was taken of the eruption.

March 1st.—The eruption had declined, and its vivid red colour was changed to a pale copper hue: the pains were more severe. I therefore discontinued the nitrous acid, and directed in its place, decoction of sarsaparilla, and antimonial solution.

4th.—The pains still continued to increase, with thirst, fever, and head-ach, pulse 110, difficulty of respiration, and severe cough. I directed that sixteen ounces of blood should immediately be taken from his arm, the decoction to be omitted, and the antimonial solution continued. The blood taken was highly buffed, and the following day he stated that he received the most decided relief by the de-

* The author having omitted his formula for the preparation of this mixture, it may be well to mention the most convenient methods of administering the Acid. The simplest plan is to add ten or twelve drops of the Acid. Nitric. Dilut. to a small tumbler of water, which, when swallowed, will be so weak as not to injure the teeth. This dose may be repeated three or four times a day. But a more agreeable method is to blend ζ ij of the Acid. Nit. Dilut. with ζ vij of thick mucilage of gum arabic, to which ζ ss of lemon, ginger, or simple sirop, may be added. The dose of this is a table-spoonful, repeated three, four, or five times a day.

pletion. His pulse was reduced to 90, and his thirst and fever were considerably lessened.

15th.—He no longer complained of pains, the eruption had disappeared, and he was discharged the hospital apparently well. But he was re-admitted on the 26th of April following, on account of a fresh crop of the papular eruption, which had made its appearance since he quitted the hospital, attended with pains in his joints as before. There were also swellings over the tibiæ, near the ankle joints, which were painful upon pressure; and he called my attention to a small hard tumour, the size of a hazel nut, situated on the right testicle. I directed the antimonial solution, and venesection to twelve ounces.

April 30th.—The pains and eruption continued as before; the tumour on the testicle was, however, considerably reduced. Twenty grains of the compound powder of ipecacuanha were directed to be taken in the evening.

May 1st.—The pains had become more severe, with oppressed breathing and cough; pulse 106. Venesection was directed to sixteen ounces, and the antimonial solution. The blood, as was the case in the former depletion, exhibited the usual inflammatory characters, and was followed by considerable mitigation of the severity of the pains, and relieved his chest altogether; however, as I conceived that the most likely means to prevent a recurrence of these symptoms, were to persevere in the plan from which he had derived so much relief, I directed that the venesection should be repeated on the 3d, from which he felt still farther relief.

10th.—The eruption was declining rapidly; he scarcely felt any pain; and he was discharged the hospital, perfectly well, on the 20th instant.

Case 4.—Henry Scully was admitted March 24th, 1813. His complaints were a superficial ulcer on the prepuce, without induration, and papular eruption, which extended to every part of his body; in some places the spots, when on the decline, ran into each other, so as to appear true syphilitic blotches to a superficial examiner. The papulæ on his scrotum were larger than elsewhere, and were moist on their surface. He complained of pains in his shoulders, hips, and other joints. As there was not any febrile symptom in this case, I directed for him, on his admission, the decoction of sarsaparilla, conjoined with the antimonial solution; he was also desired to keep lint, moistened in the lotion of muriate of mercury and lime-water, to the sores on the penis.

29th.—The eruption was of a less vivid red colour, and his pains were considerably alleviated.

April 5th.—The eruption had nearly disappeared; he scarcely felt any pain in his joints, and the sores on the penis had healed.

13th.—His complaints being all removed, he was discharged.

Case 5.—Cornelius Leary, admitted April 1st, 1813, on account of small superficial sores on the corona glandis, excoriation and discharge of the glans and prepuce, gonorrhœa, and a bubo in the right groin. There was also an eruption of papulæ on his breast and belly. He stated that he was disordered six months, and that he underwent several

courses of mercury, which had no effect whatsoever on his complaints. I directed him to use frequently every day, an injection of a scruple of calomel, suspended by means of mucilage, in six ounces of lime-water, and to keep lint, moistened in the same, constantly applied to the surface of the glans and prepuce; also the antimonial solution.

7th.—The sores and excoriation of these parts were healed, the bubo was lessened, and the eruption was declining.

13th.—The discharge from the urethra had ceased, and the eruption had disappeared. He was discharged the hospital well.

Case 6.—Michael Whelan was admitted April 19th, 1813. His complaints were superficial ulcers on the corona and glans; a large ulcerated bubo in the right groin, of a projecting fungous appearance, and a papular eruption on his breast, back, and face, nearly similar, but not of so deep a colour as those represented in Plate I. fig. 1. He complained also of pains in his shoulders, elbows, and ankles; the last were swelled, red, and painful on pressure. The lotion of muriate of mercury and lime-water, the antimonial solution, and the decoction of sarsaparilla, were directed for him.

May 3d.—The ulcers of the penis were healed, and the pains lessened.

10th.—The eruption had declined, and the pains no longer remained. The ulcer of his groin was healing, and he was discharged the hospital well, on the 23d of the same month.

Case 7.—James Corrigan, admitted September

9th, 1813. His complaints were excoriation of the glans and prepuce, with purulent discharge; a small superficial ulcer on the prepuce, without induration; a thick eruption of papulæ on his face, arms, and neck; a dry excoriated appearance of the posterior part of the pharynx; superficial ulceration and enlargement of the tonsils, accompanied with difficulty of swallowing; and he complained of pains in his shoulders and elbows.

He stated that he was six months disordered, and that he had been repeatedly salivated under different courses of mercury.

I directed the same medicines as were employed in the preceding case, under which his complaints gradually amended, and he was discharged the hospital well, on the 18th October following.

Case 8.—Michael O'Neil admitted into the Richmond Surgical Hospital, on the 25th November, 1813. His symptoms were phymosis, and purulent discharge from the glans and prepuce, gonorrhœa, and ardor urinæ, and a bubo in the right groin. His throat was inflamed, raw, and excoriated, and there was an eruption of papulæ, of a paler colour than usual, scattered over the entire surface of his body. The drawing, Plate I. fig. 3, was taken on this day, and exhibits the eruption as it appeared on his belly. He complained of severe pains in his shoulders, elbows, knees, and legs. I directed the decoction of sarsaparilla, antimonial solution, and the lotion of muriate of mercury and lime-water.

28th.—The eruption had declined, but many fresh

spots, nearly approaching the form of pustules, appeared on his face. He complained of severe pains in his heels, but those of his joints were much alleviated.

Dec. 13th.—The discharge from the glans and prepuce was stopped, the eruption and pains were almost dissipated, and he was discharged the hospital on the 2d of January, 1814, apparently well. I saw him in about a fortnight afterwards; he was complaining of a return of the pains, but they were not so severe as at first, and there were a few papulæ on his face and breast; they were removed in a fortnight under the use of the antimonial solution.

I HAVE stated that inflammation of the iris is a very common affection in the papular disease. Mr. Travers, to whom modern surgery is so much indebted, observes, that the occurrence of this disease during the use of mercury, is so well established and familiar a fact among persons who see much of ophthalmic diseases, that their first enquiry of a patient, labouring under inflammation of the iris, is not whether he has recently contracted syphilis, but whether he has been taking mercury." And again he says, "It appears to me impossible to pronounce whether the iritis, so frequently presented after sores on the genitals, and accompanied by eruptions, is the effect of a morbid poison, or of the mercurial poison, or, thirdly, the casual effects of exposure to an exciting cause in a state of predis-

position from the mercurial impregnation of the system."*

One good effect of treating venereal complaints, without mercury, is, that we are enabled to remove that accumulation of doubts, which are eternally arising, while that medicine is employed, and which so often embarrass us to decide whether we ought to attribute the occurrence of new symptoms to the disease or the remedy. This remark is well illustrated by the above quotation from Mr. Travers; for the symptom under consideration, actually belongs to a disease that will run its career, as I have seen in a multitude of cases, in opposition to the most extensive courses of mercury. It is, therefore, not unreasonable to suppose that Mr. Travers, in the majority of cases of iritis, may have met with that symptom in persons who had been extensively under the influence of mercury; and we cannot be surprised at his attributing iritis to the *mineral* and not to the *morbid* poison. But this candid writer will scarcely adhere to this opinion, when he is assured that iritis is frequently found in those who have not used mercury; and I believe it is equally certain, that it has never been observed in a patient who was salivated for any disease that was not venereal.

But inflammation of the iris, whether it originates from venereal infection, or from any other cause, will readily yield to mercury and the antiphlogistic means; and the reason why mercury is so useful in those cases, is admirably well explained in Dr.

* Surgical Essays by Cooper and Travers, p. 60.

Farre's valuable letter to Mr. Travers, in which he observes, that he has uniformly regarded the mercurial action as one of the most effectual means of arresting the disorganizing process of adhesive inflammation, whether of the iris or of any other texture of the body." Thus, by means of the mercurial action, the inflammation is arrested, and the deposition of coagulable lymph prevented. If, however, it has already taken place, instead of becoming organized, which would render the iris immovable, it is absorbed through the influence of this medicine; and the other stages of the adhesive inflammation are also prevented.

Thus we find an explanation for the seeming anomaly, that the symptom of a disease should be cured by a medicine, which is incapable of arresting the progress of the disease itself; as must have been the case in those instances of iritis detailed by Mr. Travers, in which, it seems, the patients were under the influence of mercury, either before, or during the attack of this symptom. Mercury, however, though a powerful auxiliary in the cure of venereal iritis, is not absolutely necessary for its removal; for we learn from the authority of Doctor Thompson, that seven cases, under his care, became well without its exhibition.*

Dr. Thompson, in those cases, cured the disease by bleeding, blistering, and the antiphlogistic plan of treatment carried to the utmost extent; and I understand from good authority, that he perseveres

* Edin. Med. Journal, No. LIII.

in the same line of practice, with a success that authorizes him to continue it: and I believe, the profession at large will be more inclined to attend to the representations of this distinguished pathologist, than a recent author already alluded to, who announces with a ludicrous affectation of authority, that "the patient may be saved the inconvenience of blood-letting or blistering, as they do not afford the smallest benefit, nor will they allay a single distressing symptom."

With respect to my own practice in this disease which threatens so rapidly to disorganize the eyes, and cause total blindness, I feel myself called upon to adopt every measure without delay calculated to check so dangerous an affection. While mercury is thrown in as speedily as possible, with a view of stopping the adhesive inflammation, I do not neglect to put in practice both local and general blood-letting, the application of blisters, the use of belladonna, and the antiphlogistic regimen.

In ninety-nine cases out of a hundred, these measures will succeed if adopted in time, and I have met with one case only, which however, came under my care in the advanced stage of the disease, that resisted this plan of treatment, and terminated in loss of vision.

I shall not fatigue my reader by detailing cases, illustrating the success of the practice recommended; therefore, shall merely add the conclusions afforded by the cases detailed in my work on the symptoms and specific distinctions of venereal diseases, published in 1818, since which period the

same treatment has been pursued, in several hundred cases, with the same happy result.

“From those cases we learn many important facts; and, in the first place, that iritis is an attendant upon the papular eruption.

By cases 1 and 5, it is ascertained that the papular eruption will occur either after alterative or full courses of mercury.

By cases 1, 3, 9, 10, and 11, that gonorrhœa alone is sufficient to produce the papular eruption.

By cases 7, 8, 9, 10, 11, that iritis will occur where little mercury or none at all has been employed, and therefore that it cannot be attributed to that medicine.

All the cases prove the utility of combining the depleting with the mercurial plan, for the cure of iritis. But the mercury was in every instance discontinued as soon as the mouth became affected.

It is of moment to add, that I have met with a considerable number of instances of iritis, that were not attended by any eruption whatsoever, which yielded to the same plan of treatment.”

I trust that I have, in the preceding observations on the first class of venereal diseases, adduced sufficient evidence to satisfy any reasonable mind, that the same virus may produce the three primary affections described in this chapter: that these primary affections are all liable to be followed by the same train of constitutional ailments, and that all the symptoms of this disease, both primary and constitutional, may be easily recognised and distinguished as

to their external characters, by those who will endeavour to discriminate one disease from another. When all venereal complaints were treated nearly alike, such discrimination may not have been thought necessary for practical purposes; but now that the baneful effects of this mal-practice is universally felt and acknowledged, the student, if he hopes for success, must learn to discriminate appearances, in order that he may judge of the true nature of the disease, and whether it is likely to be mild or malignant, brief or tedious, in its duration. And finally he may acquire a knowledge from those characters and appearances, which will enable him to determine with promptitude and decision the mode of treatment best adapted for the case committed to his charge.

It will scarcely be credited, that before I drew the public attention to these matters, all our professional powers of discrimination exercised with a view to ascertain the nature of a doubtful disease, were almost exclusively confined to two simple points, the history of the disease, and the effects of mercury upon it. As to the consideration of the external characters and symptoms of the disease, which, we should naturally suppose, would form the basis of our diagnosis, it was scarcely esteemed necessary to throw away a thought upon the subject.

Mr. Hunter, as I have already observed, was the first in later times who suspected the existence and frequency of diseases resembling, but differing from, true syphilis. He does not, however, attempt to discriminate them by the appearance of their symp-

toms, but by their history and progress under the use, or in the absence of mercury. For instance, if symptoms spontaneously disappeared before its adoption; or if others arose while the patient was under its influence, he concluded that the disease was not syphilitic. His reasoning, however, on those doubtful cases, will be better understood by a perusal of the following case from his works:—

“A gentleman had for some time blotches on his skin; the face, arms, legs, and thighs were in many places covered with them; and they were in their different stages of violence. In this situation he applied to me; and I must own they had a very suspicious appearance. I asked him what he supposed these blotches were; he said he supposed them to be venereal. I asked him when he had a recent venereal complaint; he told me not for above twelve months. I then asked him how long he had had the blotches; and the answer was, above six months. As this was a sufficient time for making observations upon them, that might ascertain better than the mere appearance what they were, I asked him if any of the blotches that came first had *disappeared* in that time? and he said *many*. I desired to see where those had been; and on examination I found only a discoloured skin, common to the healing of superficial sores. I then declared to him that they were *not venereal*, for if they had arisen from that source, *none* of them would have *disappeared*. He now informed me, that he had been taking mercury; and this information obliged me to have recourse to further enquiries; and I therefore asked him,

whether while he was taking mercury, many of the first got well? The answer was, Yes. And was the cure of those imputed to mercury? The answer was again in the affirmative. I then asked him, if while he was taking the mercury, which appeared to have cured some, *those that now remained, arose?* Yes. My next question was, how long had he taken mercury? He said for six months. I then declared they were not, nor never had been, venereal. I asked him, what was now the opinion of his surgeon? He said, that his opinion still was, that they were venereal, and that he should go on with the mercury. I advised him to take no medicines whatever; to live well, avoiding excess, and to come to me in three weeks, which he did, and then he was perfectly well, only the skin was stained where the blotches had been. He now asked me, what he was next to do? I told him he might go to the sea and bathe for a month. 'This he did, and returned well and healthy, and has continued so.'*

If Mr. Hunter had lived some time longer, he would most probably have persevered in, and enlightened this obscure and intricate subject; but this case entitles him to the merit of pointing out to his successors, the necessity of discriminating between syphilis and the resembling disorders. His Commentator, Dr. Adams, has added many useful observations; and Mr. Abernethy has prosecuted the inquiry with great advantage. He is of opinion, that the pseudo-syphilitic diseases cannot

* Hunter on the Venereal Disease, p. 436.

be distinguished from true syphilis by their appearances, but that we must trust to their history alone. A very simple fact, he says, has enabled him in most cases to distinguish between the two diseases, which is, "that the constitutional symptoms of syphilis are generally progressive, and never disappear unless medicine be employed; and it may be added," he continues, "that they are as generally relieved under an adequate effect of mercury on the constitution."* The criterion by which Mr. Abernethy decides on the nature of those diseases, is that which guided Mr. Hunter's judgment in the case which I have just extracted from his works; but however excellent this criterion, which should never be neglected, I do not hesitate to say, that in the great majority of cases, these disorders may not only be distinguished with ease from true syphilis, but from each other, by the eye alone, and *that* whether the symptoms be local or constitutional.

In the papular venereal disease, the eruptive fever is more strongly marked than that of syphilis; and, in many cases, is so acute as to require repeated blood-lettings. The eruption is not scaly, like that of syphilis, but papular, disappearing and recurring repeatedly. The affection of the throat is not a deep ulceration of the tonsils, but an inflammation and superficial excoriation, or rawness of the fauces, but particularly of the posterior part of the pharynx. The pains do not affect the centre of the long bones,

* Abernethy on diseases resembling Syphilis, p. 46.

but the large joints. This disease is not attended by nodes, but inflammatory swellings of the integuments have been mistaken for them, which occur suddenly, and as suddenly disappear, without the assistance of mercury. But although the actual appearances of the symptoms thus point out the nature of the disease, yet I would not by any means neglect such assistance as an inquiry into the history of the case may afford. On the contrary, when instances occur of doubtful character, we should endeavour to ascertain whether the primary ulcers have healed spontaneously, or by the aid of medicine; or, while they healed in one place, if they broke out in another. If the eruption disappeared without the use of mercury, and afterwards recurred. If it has happened, that mercury has been exhibited, its effects will also assist our diagnosis; nothing can be more certain or more decided than the improvement that follows the use of this mineral in all cases, either local or constitutional, which are truly syphilitic. Its effects in the other venereal diseases are by no means similar. Sometimes it flatters with an early amendment; sometimes the mischief is immediate, and an increase of ulceration the consequence; but whether, in spite of the mercury, its progress continues, or, suspended for a time, again resumes its ravages, the disease we may be certain is not syphilis, but one of those disorders so constantly and unphilosophically confounded with it.

In the middle of a full course of mercury, the practitioner is often perplexed by the appearance

of a constitutional ulcer, or eruption, and he redoubles his efforts to conquer the disease, by the exhibition of more mercury. But if that mineral is capable of superseding the syphilitic poison, it is absurd and contradictory to suppose, that while it is operating with sufficient energy to cure the symptoms for which it was directed, it is possible for the poison to contaminate new parts; but there is little absurdity in acknowledging, that a poison of another nature, over which mercury does not possess any certain influence, may contaminate new parts while the constitution is under the fullest operation of that medicine.

As the powers of the constitution are, in many instances, found competent to the cure of these diseases, we should make use of every means capable of increasing and strengthening these powers. Therefore when the attending fever is subdued, generous diet and country air should be particularly recommended, if the chronic nature of the symptoms, and the means of the patient will admit of their adoption. It frequently happens, that the secondary symptoms of a disorder which was considered to be syphilis, whether eruption, ulcers of the throat, or nodes, have disappeared unexpectedly, during an accidental journey or excursion; and most practitioners have been acquainted with, and surprised at the circumstance; but there can be little doubt, that in every such instance, the disease has not been syphilitic.

I trust that the facts I have detailed will be the means of removing some of the most glaring obsta-

cles which opposed a true knowledge of venereal diseases. The variety of symptoms, both local and constitutional, hitherto attributed to the syphilitic poison, not only baffled all attempt at description, but seemed to set at defiance every rational arrangement, and rendered the disease an exception to all other morbid poisons: a class of disorders which are remarkable for the uniformity of their symptoms, and obedience to laws known and determined. But syphilis, according to the received opinion, unlike to other poisons, assumed every possible shape and appearance, both in its local and constitutional symptoms. To awaken the reader's attention to this point, I shall transcribe the following passage from Dr. Bateman's most accurate and useful work on Cutaneous Diseases:—"In the course of this Synopsis I have made only cursory allusions to a very important class of cutaneous eruptions, which are often the source of considerable embarrassment to the practitioner; I mean those which are the result of the venereal poison. *The subject indeed is difficult, and not as yet sufficiently investigated; for these eruptions assume such a variety of forms, that they bid defiance to arrangement according to their external character; and, in fact, they possess no common or exclusive marks, by which their nature and origin are indicated. There is perhaps no order of cutaneous appearances, and scarcely any genus or species of the chronic eruptions already described, which these secondary symptoms of syphilis do not occasionally resemble. Dr. Willan pointed out, among the papular, scaly, and exanthematous*

affections, several species to which the resemblance was most obvious; and the pustular and tubercular eruptions would furnish still more accurate examples of similarity. Nevertheless, there is, in many cases, a difference, which a practised eye will recognise, between the ordinary diseases of the skin, and the syphilitic eruptions, to which the same generic appellation might be given; this is often observable in the shade of colour, in the situation occupied by the eruption, in the mode of its distribution, and in the general complexion of the patient. Hence, to a person conversant with those ordinary diseases, a degree of anomaly in these respects will immediately excite a suspicion, which will lead him to investigate the history of the progress of such an eruption, and of its concomitant symptoms. And it will frequently happen, that the most experienced observer can only arrive at a satisfactory conclusion, by comparing the cutaneous appearances with these concurring symptoms, and with the previous history of the disease.”*

This uncertainty, of which Dr. Bateman so forcibly and, in the recent state of our knowledge, so justly complained, I believe never existed; and I trust I have offered strong grounds to infer, that the appearance of the venereal eruptions is far from irregular, but that the embarrassment of the practitioner has arisen, not from any want of uniformity in the *effects* of those poisons, but in the circumstance of his ascribing to one the diseases which arise from several poisons.

* Bateman on Cutaneous Diseases, p. 329.

The papular, pustular, and phagedenic venereal diseases, have hitherto been attended with more danger than the scaly or true syphilis; not because they are, from their nature, in reality more formidable, but because they have not been distinguished from that disease, and have been subjected to an inappropriate remedy. Thus it happens, that the symptoms of those disorders recurring after the use of mercury, *that* medicine is again resorted to, and the mercurial irritation is alternated so often with that of the disease, that the patient at length falls a victim to their combined effects, and in this way numbers are annually destroyed. When once known and discriminated from syphilis, they are no longer formidable. The powers of the constitution, assisted by simple remedies, are sufficient for their cure; they may be tedious, but they will not be destructive.



As the treatment of *strictures, swelled testicle*, and some other affections omitted by the author, constitutes a very important part of venereal practice, the editor will attempt to supply the deficiency with as much brevity as the subjects admit.

Strictures. The symptoms indicating the existence of these obstructions in the urethra are—frequent inclination to urinate, generally first noticed by the patient, from the circumstance of his being often obliged to rise at night; the stream forked or twisted, occasionally without, but more frequently with, an evident diminution of its size; sometimes he is troubled with incontinence of urine, but mostly discharges it in drops and sudden gushes. Nocturnal emissions constitute a frequent symptom. The most common seat of stricture is about six or seven inches from the orifice, at the union of the membranous and spongy portions of the urethra. The existence of one, if it is not soon removed, often leads to the formation of others. When this occurs, there may generally be found two or three thus distributed: one about three or four inches from the end, another at about five inches, and the

third at six or seven inches: sometimes they are even more numerous. A gleet discharge usually attends the disease, together with dull heavy pains in the loins.

The exciting causes of strictures are various, and for the most part, such as occasion considerable local and general excitement. The proximate cause appears clearly to be inflammation, which thickens and contracts the membranous coats of the urethra, so that it sometimes appears as if a string had been tied round it; at other times the contraction would seem to have been made by a broader band.

Although the treatment of strictures is for the most part a mechanical process, still great care is necessary in their commencement to subdue all local and general excitement by bleeding, saline cathartics, diuretic and cooling draughts and abstemiousness. The importance of these general measures may be inferred from the circumstance that strictures are always aggravated and often brought on by dissipation or high living, whilst they are almost as certainly benefitted by an opposite course.

Plain bougies will generally be found entirely sufficient for the safe and complete removal of these obstructions. Those made of waxed linen, if well prepared, are perhaps to be preferred, although the metallic and *hollow* elastic bougies are very good. The largest which the stricture will admit, is to be first introduced well oiled, and the size must be subsequently increased as fast as the dilatation will permit. The time of introducing and retaining the instrument should be short at first, and afterwards prolonged, as the urethra becomes reconciled to its presence. The bougie is to be steadily and firmly pressed against the stricture, which in due time will certainly give way. To provide against relapses, an instrument of the largest size the urethra will easily admit should be passed every week or two, for many months after the obstructions are removed. The patient may be taught to do this for himself. These observations, though chiefly applicable to permanent strictures, will generally prove equally adequate for the cure of the spasmodic varieties.

Sometimes the inflammation of gonorrhœa extending backwards becomes violent, and affecting the accelerator and other muscles, gives rise to paroxysms of extreme pain, attended with a suppression of urine. This affection is most commonly met with in irritable habits, and has received the name of the *inflammatory stricture*. The remedies for it are, copious bleeding, the warm bath or long continued spunging with warm water, leeches to the perineum, anodyne enemata, the internal use of opium and camphire, with or without the addition of extract of cicuta. When the bladder is distended, we should wait for the violent irritation and inflammation to subside before we cautiously attempt the introduction of the catheter.

To prevent inflammation of the testicles, patients with gonorrhœa should have them supported by means of bag or hunting trusses made of silk or cotton netting. This preventive measure is likewise useful in the treatment of the disease when it ensues. The most frequent exciting causes are, the irritation of gonorrhœa, acrid or stimulant injections and bougies, strictures and external violence. The usual premonitory and attendant symptoms are, a feeling of irritation and uneasiness far up the urethra, as if caused by the presence of a drop of urine laying in that part; shooting pains along the course of the spermatic chord, extending through the abdominal ring and passing down to the epididymis, which is the chief seat of the inflammation, although the body of the testicle becomes much affected, painful and swelled to a considerable size.

Energetic antiphlogistic measures are generally called for; such as bleeding, purging with calomel and the neutral salts. A horizontal posture should be strongly enjoined on the patient. The local treatment may consist of lotions, the best of which are either the *Liquor. Ammon. Acetat.* or warm vinegar and water, applied by means of soft linen cloths;—sometimes poultices are useful. Leeches will be found serviceable after the reduction of the general excitement.

A chronic and indolent enlargement of the testicle sometimes proves very obstinate. This affection the editor has seen cured by a mild course of the oxymuriate of mercury, aided by the external application to the gland of camphorated mercurial ointment, gently stimulating embrocations, and suspension in a bag truss. Little danger results to the procreative powers from the hardness which often remains in the epididymis after the subsidence of the general enlargement, especially if only one is thus affected. If, however, suppuration has ensued, the danger is much greater.

Fistula in Perinæo, is another attendant on gonorrhœa, or rather on stricture. Though comparatively of rare occurrence, it is a formidable affection, and therefore the more deserving attention. In consequence of the inflammation and ulceration of the coats of the membranous portion of the urethra, the urine finds its way into the cellular substance of the perineum, penis and scrotum, where it extravasates, excites inflammation, suppuration, and ultimately gives rise to a fistula. A hard, but not very painful tumour is perceived opposite the bulb of the urethra. Most pain is felt in it at the time of urinating. Sometimes the patient's life is placed in great danger from the extension of the inflammation, not only to the parts enumerated, but throughout the integuments of the anterior and lower parts of the abdomen. In this case it is recommended by able surgeons not to rely upon attempts to discuss the inflammation, but to provide against the danger from suppuration, sloughing &c., by an early opening into the part. The

mode of performing this operation is thus described by Astley Cooper.—“Pass a catheter as far as the stricture will allow, then make an incision an inch beyond it; after which pass a staff into the urethra, and cut directly upon it through the stricture; by this means, present relief is not only afforded, but it may effectually relieve the stricture by introducing an elastic hollow bougie, and suffering it to remain two or three days. The scrotum should always be opened at different parts, by means of incisions, to admit of the urine being evacuated by means of them, but not so as to endanger the wounding of the tunica vaginalis: by this method, and by this only, will sloughing be prevented. The application of a vinegar poultice to the scrotum, will be found extremely beneficial. Whether the extravasation is anterior to the scrotum, in it, or in the perineum, the early opening is always to be adopted.” When, by the adoption of these measures the dangers of sloughing and suppuration are surmounted, the original stricture is next to be attended to, as without its removal the fistula can never be completely cured. For this purpose the practitioner just referred to prefers the caustic to the common bougie. An instrument of a size which the urethra will readily admit, armed with the lunar caustic, well secured and scraped to a point like a pencil or crayon, must be dipped in oil and passed down to the stricture as quickly as possible. In general, half a minute will be long enough to keep the caustic applied to the stricture, and that the slough should have ample time to separate, the operation need not be repeated oftener than every second or third day. But although strictures have undoubtedly been removed by a few applications of the armed bougie, instances can be adduced to show that retention of urine, and other distressing symptoms, have been occasioned by the severe irritation which it often produces. It has even happened that false passages have been made, giving rise to fistula in perinæo when it did not previously exist, the artery of the bulb destroyed, alarming hæmorrhage consequently produced, and spurious aneurism formed. For these reasons it must appear evident, that, for the destruction of all kinds of strictures, the plain unarmed bougies are to be preferred, as long as any prospect remains of their effecting the object. The treatment will perhaps in most cases be considerably prolonged by adopting this more safe and less severe plan, but as the other frequently fails, even in the best hands, and may be highly mischievous in those of the rash and unskillful, we think there are sufficient grounds to justify our preference. Even after the removal of the stricture, the fistula has been found to remain uncured. Under such circumstances, it has been recommended to keep the patient in the horizontal posture, introduce a flexible metallic catheter into the bladder, and suffering it to remain there three or four days, replace it with a new one. This last precaution is found necessary in

consequence of the action of the urine upon the metal, by which the instrument has been so corroded as to break—an accident which exposes the patient to an operation similar to that for Lithotomy. Perhaps the hollow elastic catheters would answer the purpose equally well, and as they are also corroded by urine, the same precaution relative to changing them should be attended to.

Another affection, which originates from gonorrhœa, especially when it has been improperly treated, is what has been termed an *irritable state of the bladder*.

The most prominent symptoms are, a very frequent inclination to void urine, all attempts to restrain which desire produce extreme pain in the regio pubes; considerable discharge of mucus along with the urine, which is sometimes tinged with blood; distressing tenesmus. The symptoms frequently bear so striking a likeness to those of stone, as to make it difficult to tell which disease they belong to. This affection may, however, be distinguished by the patient's being most exempt from pain and uneasiness when the bladder is empty, at which time he can even bear to jump and exercise with a degree of freedom which would be attended with violent effects if he laboured under stone. The same exercise taken when the bladder was full, would occasion great pain.

Dissections have shown the mucous coat and even the whole structure of the bladder inflamed violently, and so contracted as not to be capable of containing more than from two to six or eight ounces. The inflammation has sometimes produced adhesions to the anterior parietes of the abdomen, and caused the patient to be curved forward.

The treatment may be divided into the palliative and curative measures. Among the first are anodyne enemata and the introduction of opium and cicuta into the rectum; injecting into the urethra a watery solution of opium—for which purpose ℞j may be rubbed down with ℥vj or ℥viiij of gum arabic water, or flaxseed tea, and injected warm. When the urethra will bear its presence, a hollow bougie is to be passed down, and the injection forced through it into the bladder. But sometimes the irritation is so great, that the attempt to pass an instrument occasions excruciating and long continued pain, for which reason it will be better to close the orifice of the urethra, and rub it in such a manner as to direct the injection into the bladder. As remedies of a more curative nature, we may enumerate the following. Diluent and mucilaginous drinks, particularly in the first stage, such as gum arabic and water, orgeat and water, flaxseed tea, infusion of marsh mallows, &c. Soothing laxative enemata should be frequently resorted to. Leeches may be often usefully applied to the perineum. When ulceration has ensued, it has been recommended by Astley Cooper to introduce an elastic catheter into the bladder, which is to be left for the urine to pass through, so as to prevent distension of

the bladder, and thus favour the healing process. The same eminent surgeon recommends, that the medical treatment should consist of the administration of the Bals. Copaib. or the Aqua Kali puri combined with opium. The prescription of Dr. Cheston is a very good one; it consists of a powder, composed of pulv. gum. tragacanth. comp. and the carbonate of soda, to be taken several times a day; during the intervals between each powder, the following mixture is to be taken.

R. Tinct. Benz. Comp. ℥ij.

Vitel. Ovi q. s.

Decoct. Hordei lbss.

Ft. Mistura.

Occasionally during and after a gonorrhœa, some of the lacunæ of the urethra, inflame, suppurate and discharge their matter suddenly into that canal. These little abscesses may be felt on the under surface of the urethra, and are commonly about the size of peas. They are frequently situated under the frenum, when the matter is discharged both externally and internally, and often alternately so for several weeks if not prevented. A small sinus with a fistulous opening, will thus remain for months, and even years, with an external orifice scarcely perceptible, near the lower junction of the lips of the urethra. This affection scarcely ever occasions the patient much pain or inconvenience, and is to be regarded as less severe than troublesome. When the abscess can be reached by the point of the lancet, the matter should be let out as soon after suppuration as possible. The fistulous orifice is to be enlarged by the daily application of a finely pointed piece of lunar caustic; after which, the sinus is to be injected, with a strong solution of the sulphate of copper. In this way, the cavity of the abscess may be obliterated, by the aid of adhesive inflammation. A similar treatment is applicable to the treatment of those sinuses with fistulous openings, which are left in the groins after the suppuration of buboes. If a little of the same solution can be forced into them, they will quickly heal. The same object may be attained by laying them open with a knife or bistoury.

When, through the fault of the patient or his attendant, the cure of gonorrhœa has not been complete, and a gleet has succeeded, a new plan of treatment often becomes necessary. Sometimes in this affection, the discharge consists of an almost transparent mucus; whilst at others, it appears yellowish and opaque. The treatment consists of general and local measures. When a stricture is present, it must first be removed. Sometimes the injection of Vitriol Alb. gradually increased, and long persisted in, cures. Tinct. Cantharid. beginning with fifteen drops, three times a day, in a glass of water, and increasing a drop each dose, daily, until strangury, or considerable irritation at the neck of the bladder is

produced, will often remove it. The strangury may always be relieved by a free use of diuretic and diluent drinks, and leaving off the drops. Balsam and turpentine are often adequate to the cure of gleet. The editor has seen very obstinate cases soon yield to the exhibition of a teaspoonful of the Pulv. Cort. Peruv. with the addition of twenty or thirty drops of the Bals. Copaivæ taken three or four times a day. The formula is both homely and nauseous to the taste, but deserves recommendation for its having made cures when every thing else has failed. Bark and steel, either alone or conjoined, are often prescribed; sea bathing and the cold bath are frequently useful. Blistering the perineum and lower surface of the urethra, has effected cures. Finally, the employment of bougies has often proved efficacious, and it is sometimes useful to dip them in a mixture of equal parts of Olive Oil and Balsam Copaivæ.

The different conformation of women, gives rise to a corresponding variation or modification in the diseases which are the subject of this treatise. This circumstance, we may readily suppose, would be ably met by the experienced practitioner; but it is calculated to occasion some embarrassment to such as have only had limited opportunities. In the first place, it may be observed, that from the greater simplicity of the structure of those parts which are the seats of the disease, or some other reason, women are exempt from many of the symptoms to which men are liable, and in general, feel less inconvenience from those which they may have. Indeed, it is no very rare occurrence for a female to have a gonorrhœa without being able to discover it, except by the marks on her linen. The inflammation first appears in the nymphæ, and afterwards extends to the labia. The disease is usually felt with most severity in the meatus urinarius and urethra, from the shortness of which canal, it easily makes its way along the lining membrane into the bladder. When this happens, the suffering is considerable, and like the *irritable state of the bladder* in men, much distressing tenesmus and bearing down, both in the bladder and rectum, are occasioned.

The treatment necessary, chiefly differs from that recommended for the disease in the other sex, in being less energetic, except in regard to injections, which, after the subsidence of the inflammatory stage, may be used of much greater strength. A syringe of a peculiar formation has long been in use, but in general, a piece of soft linen or sponge, wet with the injection or lotion, introduced and confined in the vagina, answers every purpose as well or better. Frequently all that is requisite, is to wash the parts often with the lotion, by means of a piece of soft old linen.

CHAPTER IV.

PUSTULAR VENEREAL DISEASE.

THE PRIMARY ULCER of this disease is characterized by a reddish brown surface, which borders closely on the phagedenic character. Its edges are raised, and well defined. It is not excavated, but is either on a level with the surrounding skin, or considerably raised above it. At its commencement it appears in the form of a small pustule, attended with itchininess of the part.

It may be distinguished from the primary ulcer of the papular disease, by its well defined and elevated edges, and also by the absence of the smooth fungous appearance which characterizes the second stage of that ulcer. From the phagedenic primary ulcer to be described in the next chapter, it may be distinguished by its well-defined margin, and from the absence of the irregular and corroded-like surface of that ulcer, and also by its exemption from the painful and acute symptoms by which the phagedenic ulcer is characterized. It may also be distinguished from chancre by its want of the callous edge and base which always attend that ulcer. The ulcers of which we are treating, are most frequently found on the external surface of the prepuce, body of the penis, and occasionally on the scrotum, and occur from the size of the smallest pea, to that of a shilling. Of the former size they frequently

form a circle round the orifice of the prepuce, and occasion, when the ulcers heal, a permanent phimosis, which can only be removed by the knife. They are, in general, of a chronic nature, and evince but little disposition to spread.

Mr. Evans conceives, that this primary ulcer, and that of the papular disease, are one and the same; and that I have been led into the error of supposing they were essentially different, by having observed the same ulcer in different stages of its progress, when it exhibits different characters. He supposes that this ulcer, which, I have said, has "the appearance of excavation," is nothing more than the primary ulcer of the papular disease in its ulcerative stage, which, in general, ceases about the eighth day, when the ulcer begins to assume its raised, smooth, fungous character. In confirmation, however, of my own opinion, I have only to observe, that the primary ulcers I am considering will exhibit for weeks, nay, sometimes months, the same excavated appearance, arising from the same raised edges which they displayed in the first week after their attack; and that they do not, during their entire progress, exhibit the smooth fungous surface of the primary ulcer of the papular disease.

Besides, in those cases in which I have been able to trace this ulcer to its constitutional symptoms, they were essentially different, as I shall presently show, from those which attend the simple primary ulcer, considered in the last chapter; and these circumstances, I conceive, sufficiently warrant me in the assumption, that these ulcers are essentially dif-

ferent, and arise from different poisons. I must, however, admit that I have not met with many instances in which I was enabled to follow this ulcer to its constitutional symptoms.

In the appendix to my former edition, I detailed two cases, in both of which the eruption was pustular, and afterwards spread into ulcers, covered, on their first formation, with *thin* crusts.*

In the London Medical Journal for 1815, I have given a considerable number of examples of this species of ulcer, three of which were attended by constitutional symptoms. The eruption in each was preceded by fever, and consisted of phlyzacious pustules, some of which declined, while others ulcerated, and were covered with thin scaly crusts. These cases, being of great importance, as connecting the primary with the constitutional symptoms, I shall transcribe before I conclude this chapter. They are all short, and one of them having relapsed since that publication, is entitled to a little farther attention.

I have had occasion frequently to observe, that the buboes which arise from this virus, resemble the primary ulcers of the same specific infection, in their tendency to form projecting or undermined edges (particularly where much mercury had been employed,) and if these edges are not removed by art, remain for months, and perhaps years, without healing. Caustic, however powerful, is so slow in its operation upon the extensive and undermined

* See Plate II.

edges of these buboes, that I always make use of the scalpel for their removal; and this treatment has caused many of them to heal in five or six weeks, which would have resisted any other mode of practice as many months.

Full courses of mercury always increase their tendency to *burrow*, as it is technically called; and while I was a pupil, I had an opportunity of witnessing their ravages on many an unfortunate victim: the integuments covering the lower part of the abdomen, even as high as the navel, were often undermined or destroyed; but the inveteracy of the ulcer was at that time altogether attributed to the disease, and the more it spread, the more abundantly was the infallible *specific* exhibited.

The primary ulcers with elevated edges, are often extremely obstinate under the use of mercury. I have frequently seen that medicine exhibited in full doses, which maintained a strong mercurial action in the system for several months without inducing them to heal. A knowledge of this circumstance may be useful to those who are not predetermined to shut their eyes to every kind of evidence, as it may induce them to doubt the propriety of putting their patients through a mercurial course for every species of primary ulcer, or of persevering an unconscionable time in the use of this medicine, after they find that it has not produced the slightest favourable change in their patient.

Stimulating and caustic applications certainly produce no beneficial effect; and, if the ulcer is irritable, encourage it to extend. In fact, our principal

care should be to keep the patient at perfect rest; and this observance, with gentle astringent applications, or mild ointments, seems to be all that is requisite. As, however, patients affected with venereal complaints are dissatisfied unless some medicine is prescribed, it is necessary to indulge them. My prescriptions are, antimonials or sarsaparilla, or both combined. I shall postpone my observations on the treatment of the constitutional symptoms of this disease, till I come to treat of the constitutional symptoms of the phagedenic ulcer, as there is little or no difference in my mode of treating them.

It is altogether superfluous to burthen this essay with cases of the primary ulcer with elevated edges, as I have already published so many instances of their treatment without the use of mercury. It is equally unnecessary to detail any cases of the constitutional symptoms, which resemble those that I had traced to the primary ulcer under consideration, several hundreds of which I have noted, and can readily prepare for the press, if it could possibly serve any useful purpose to give them to the public. I shall, however, detail a few of the cases in which I had an opportunity of tracing the primary to its secondary symptoms.

Case 9.—Philip Lynch, admitted March 12, 1815: an ulcer with elevated edges situated on the external surface of the prepuce, the size of a bean: a large ulcerated bubo, with raised edges, in the left groin. He stated that he had been six weeks disordered, and had not used mercury. Solut. Antim.—Decoct. Sarsap.—Sol. Zinci pro Lot.

27th. The ulcer of the penis was nearly healed; the edges of the bubo were, however, more raised, and projecting.

April 3d. Two spots covered with thin crusts, about the size of a sixpence, each raised upon a circular inflamed base, had appeared, the one on his thigh, and the other on his arm. He stated, that he had only observed them three days before, at which time they resembled large pimples. Decoct. Rament. Lign. Guaiac.—Gum Guaiac. gr. v. ter in die. The edges of the bubo were touched daily with caustic.

17th. The ulcer of the prepuce nearly healed; the edges of the bubo, which projected and overhung to a great extent, notwithstanding the daily application of caustic, were removed by the knife.

24th. A rapid amendment of the bubo had ensued since the removal of its projecting and over-hanging edges; the ulcer of the penis and the constitutional ulcers had healed.

May 22nd. The bubo, which continued so long obstinate, had also, at length, cicatrized.

Discharged the hospital well.

Case 10.—Henry O'Neil admitted June 7, 1815: the body of the penis was encircled by a series of ulcers with elevated edges, each about the size of a silver penny; there was also one on the external surface of the prepuce, and a large pustule, which I recognised as the commencement of one of these ulcers, on the glans penis; an incipient bubo in the right groin; a phlyzacious spot on his right side, which accurately agreed with the constitutional

eruption described in the preceding case. He stated that he was five weeks disordered, that he had not used mercury, and that a fortnight before his admission the spot on his side had appeared. Solut. Antim.—Sol. Sulp. Zinci pro Lot.

13th.—The ulcers of the penis were healing; the phlyzacious pustule had formed a thin crust about the size of a sixpence. The bubo, which was hard and indolent, I directed to be treated by successive blisters.

26th.—The ulcers of the penis were healed; the crust had fallen from the spot on his side, leaving the part healed; the bubo was almost entirely dispersed under the application of the blisters.

Discharged the hospital well.

Case 11.—John Quinn, admitted June 20, 1815; an extensive ulcer with elevated edges engaging the greater part of the dorsum penis, and extending up the pubes; it was covered with thick adhesive matter, and attended with inflammation and swelling of the entire penis; pulse 100; thirst, severe pain, and general symptomatic fever. He stated that he was a month disordered, and had not used mercury. Venæsect ad xvi.—Solut. Antim.—Fotus.—Catapl.

July 3d.—The swelling and inflammation were reduced, and the ulcer, which was considerably improved, exhibited more decidedly the characteristic elevated edges.

11th.—An eruption of pustules corresponding with the former description of phlyzacia appeared

on his face and breast; he complained of pain in his head and right arm.

17th.—The eruption continued to extend over his body, each spot quickly forming a crust after its appearance. The fauces were inflamed, and a superficial ulcer had appeared on the left tonsil; the ulcer on the penis was healing. Decoct. Sarsap.—Vin. Antimonii gutt. xx. ter in die.

August 2nd.—The ulcer of the penis continued to heal, that of his throat had cicatrized; he still complained of pains in his head and arms; the spots had all formed crusts, some of which had enlarged to the extent of a shilling. On his back and shoulders were eight phlyzacia, one at its commencement and in its progress to the formation of matter, three arrived at maturity, and terminated in apices containing matter, and four in the declining or scabbing stage.

7th.—The ulcer of the penis had healed, no fresh spots of the eruption had appeared.

21st.—The crusts had fallen from the greater number of spots, leaving the parts healed; he complained of pains in his head and thighs.

Sept. 1st.—Several fresh phlyzacia had appeared on his arms and thighs, which quickly formed crusts, covering ulcers; two of these crusts had extended to the size of half-a-crown; they were flat and of a straw colour. He was desired to discontinue the decoction and antimonial wine, and take thrice a day a pill containing three grains of antimonial powder and half a grain of calomel.*

* The reader will perceive that I have improved in my mode of practice since these cases were originally published. The ex-

11th.—The ulcers were rapidly healing, and the smaller phlyzacious pustules, after forming thin crusts on their apices, were gradually declining.

18th.—The eruption had entirely disappeared, but each spot left the skin slightly discoloured. He was detained in the hospital, however, until the 30th of September. The calomel contained in the pills had not affected his mouth. The eruption in this case was more general, and the spots more numerous than I had witnessed in any other instance of this form of venereal disorder.

He was re-admitted into hospital on the 30th of November following, at which time there were three healthy granulating sores on the left arm, varying from the size of a shilling to that of half-a-crown. There was also an ulcer in each of his hams. *Mist. Acidi. Nitrosi.*

December 26th.—All the ulcers had healed like common sores, the cicatrix commencing at their margins. Soon after the ulcers had healed he became feverish and unwell, complained of loss of appetite and rest, and began to feel pains in his shoulders, hips, and knees. *Decoct. Sarsap.—Solut. Antim.*

January 8th, 1816.—Pains still severe. *Pil. Ant. & Cal. ter die.*

February 5th.—Pains of his joints lessened, but he complained of severe pain in his chest, which was relieved by a blister.

16th.—Several phlyzacious pustules and small spots the size of peas (immediately forming scabs) inhibition of mercury at this period of the eruption was premature, and to it may be attributed the subsequent relapse and appearance of nodes.

had appeared on different parts of his body. He also complained of pains in his knees.

R.—Gum Guaiaci i.

Pulv. Antim. ʒ ss. ft. Pil. xx.

Capt. Unam. ter die.

Decoct. Lig. Guaiaci. lb. i. quotidie.

22nd.—A node had occurred on the right tibia, attended with pain and tenderness upon pressure. This was blistered for about a fortnight, and it afterwards gradually disappeared. The pills were discontinued for the solution of muriate of mercury, and decoction of sarsaparilla, which he continued until the 14th of March, and was discharged the hospital well.

Case 12.—Mr. D. put himself under my care on the 19th of April, 1816, on account of an ulcer on the glans penis about the size of a sixpence, of a phagedenic surface, but with high edges; there were also several spots on his arms and thighs covered with thin crusts.

With considerable alarm, he communicated his apprehensions that he never could recover, because the smallest quantity of mercury so affected him as to excite an eruption with high fever; from an attack of which he had just recovered; he, at the same time, showed me his hands, which were raw and tender, the entire cuticle with the nails having peeled off, an inconvenience very generally attendant upon the *eczema mercuriale*, when that complaint is severe. His feet, he mentioned, were in the same state.—I assured him that he need not be dispirited, as his complaints did not require mer-

cury for their cure. I directed for him decoction of sarsaparilla, and the antimonial solution, and also a lotion of muriate of mercury and lime-water to apply to the ulcer.

On the 23d, I was surprised to find my patient affected with the *eczema mercuriale*, which had commenced on the inside of his thighs and groins. He assured me that he had not used any medicines but those I had ordered; I could only, therefore, attribute the attack (for there could not be a doubt as to its nature) to the mercurial wash he had employed. In this opinion I was strengthened by a curious fact he mentioned, that at a time when he was totally free from any venereal complaint, he was attacked by the mercurial eruption, merely from sleeping in the same bed with a person who was using mercurial frictions.

I now directed him to apply bread and water poultices to the ulcer, and to continue his medicines as before directed, under which treatment he gradually amended.

On the 9th of May, a few scabby ulcers had appeared on the scrotum, and I was induced to try the antimonial pills with calomel. He took but one of these at night, which contained only half a grain of calomel, and two grains of antimonial powder, and he called on me the next morning to show me his skin covered with the red suffusion, which he knew to be a fresh attack of the mercurial disease. The pills were, of course, discontinued, and under the use of sarsaparilla, his complaints all disappeared about the middle of the ensuing May.

All eruptions, venereal or not venereal, imperceptibly glide into those of the nearest character; and it often happens, that practitioners can only determine the nature of the eruption for which he is called upon to prescribe, by an attentive consideration of its progress. Thus the chicken-pock, which is a vesicular eruption, is often found (to the great perplexity of the profession of late) to contain pustules so large and so closely resembling those of small-pox, that it is only by attending to the progress of the eruption, and, perhaps, its termination, that the one can be distinguished from the other.

On the contrary, small-pox often exhibits so many papulæ and vesicles, or half formed pustules, that the character of the disease is not very easily distinguished, even by the most experienced practitioner, until its progress determines its nature. But the more experience a practitioner possesses in such cases, the more readily is he enabled to form his diagnosis. The common itch is a disease which exhibits three orders of eruptions at the same time, viz. pustules, vesicles, and papulæ; and yet the general character of the disease is so obvious, that almost any person can, without hesitation, decide upon its nature. In the same manner venereal eruptions are sometimes observed to glide into those of the nearest character; thus the papular eruption may exhibit a few pustules, which, like the pustular venereal eruption, form thin crusts instead of ending in desquamation; but still the character of the disease is so apparent, that there is not by any means the same degree of ambiguity which attends

the variolous and varicellous diseases; and in the same way the pustular disease may exhibit papulæ among its pustules, to which the same observations may be applied; but this practical one is worth adding, viz. *that the more closely the eruption approaches in the form of papulæ, terminating in desquamation, so much the more mild, yielding, and manageable, will the disorder be found.*

The phlyzacious pustules, which have been observed to arise from the ulcer with elevated edges, all terminate in superficial sores covered with thin scaly crusts; yet although a few pimples may be intermixed with these pustules, the general character of the eruption is sufficiently obvious to evince its pustular nature.

The general mildness of the eruption and of the ulcers which it produces, compared with the thick crusts and spreading ulcers with phagedenic margins of the phagedenic disease, sufficiently points out the distinction between them.

The eruption which I attribute to the ulcer with elevated edges, often exhibits at the same time on the same individual new formed pustules; others in their scabbing stage, with an intermixture of small ulcers whose crusts have fallen off, and of discoloured patches of skin where they have healed; so that nothing can be more disgusting than the appearance of a patient under those circumstances.

In this state of the surface, there is nothing more efficacious for clearing the skin of all this foulness, than sulphur fumigations. Baths impregnated with sulphurated kali, and the nitromuriatic acid baths

are also useful, but not equally efficacious with the sulphur fumigations. Smearing the body with equal parts of tar and sulphur ointments is also of service: with these applications I also combine the internal exhibition of antimonials and sarsaparilla. The following case elucidates the efficacy of the treatment recommended.

Case 13.—Thomas Watson, admitted July 11th, 1815, with numerous ulcers varying from the size of sixpence to a shilling over his entire body, some of which were covered with flat crusts. He stated that he was disordered three years and a half, the first appearance of his ailments being an ulcer on the penis which healed with great difficulty under the use of mercury, having been four months in the Lock Hospital constantly using mercurial frictions; but notwithstanding the severity of the course he underwent, that a month after he left the hospital his throat became affected, and afterwards the eruption appeared, for which, with little interruption, he had been using mercury to the time of his admission. His emaciation was extreme.

I directed for him a strong decoction of guaiacum wood, conjoined with the antimonial solution, which he continued to take until the 14th August. During this period the majority of the ulcers had healed, but some new spots appearing, I discontinued those medicines for the nitrous acid, which he took until the 11th of September, but it disagreeing with his bowels, the compound decoction of sarsaparilla was ordered in its place. The eruption of pustules, which formed thin crusts, and then healed, con-

tinued until the beginning of October. Decided benefit was derived from smearing them daily with equal parts of the tar and sulphur ointments. He continued the decoction until the 23d of October, when he was discharged well.

The pustular venereal disease, both in its primary and secondary symptoms, forms the natural link between the papular and phagedenic venereal diseases.

It is more obstinate and inveterate than the papular, but in no instance possesses the malignity and destructive tendency of the phagedenic. The reader need only contrast its symptoms with those of the papular disease, to observe the wide distinction between them.

We shall defer comparing them with those of the phagedenic disease until the latter has been considered.

CHAPTER V.

PHAGEDENIC VENEREAL DISEASE.

IN this chapter, I purpose to enter on the consideration of the third class of primary diseases, which have been confounded with syphilis, viz. the phagedenic ulcer, and the sloughing ulcer, together with the constitutional symptoms arising from both species.

THE PHAGEDENIC ULCER, as its name implies, has a corroded appearance, and neither exhibits granulations, or surrounding induration. It spreads sometimes with rapidity, causing the most destructive havoc in the course of a few days; and in other instances creeps on slowly, healing in one part and making progress in another; but unlike a chancre, instead of being checked by mercury, it is almost always rendered more inveterate and rapid in its progress by that mineral. It more frequently attacks the glans penis than any other part; but the ulcer usually proceeds to affect the prepuce, which it often entirely consumes, and continuing its depositions on the corona and glans, at last effects their total destruction. When this event takes place, the ulceration usually receives a sudden and permanent check. At other times, a spontaneous hemorrhage, owing to the destruction of the coats of an artery, occasions a favourable change. The hemorrhage

from this cause is often so profuse, that I have frequently found the patient's bed-clothes drenched in blood; and in many instances found it necessary to stop the hemorrhage by ligature. It is an occurrence, however, that is in general fortunate to the patient, for in those cases the ulceration is often stopped in its progress by this cause alone. More rarely it happens, that notwithstanding every anodyne, and lenient application, the ulceration will gradually proceed, until the entire penis is destroyed. There is also another characteristic of this ulcer worthy of remark, viz. the frequent return of ulceration, after the part has healed, to the very same spot which was at first affected.

Notwithstanding the vast number of cases of the phagedenic ulcer which came under my observation, I never yet had an opportunity of seeing it at its commencement, so that I am still ignorant whether it arises from pimple, pustule, or vesicle; or whether it passes immediately from its commencement into its phagedenic state. I have, however, observed in two or three instances, that before it decidedly assumes this character, it appears as a small excavated ulcer covered with white adhesive matter; and it is probable that in this stage, by the application of escharotics, it is as capable of being healed as any other primary venereal ulcer, before it passes into the phagedenic state.

THE SLOUGHING ULCER is still more untractable and destructive than the phagedenic: but the surgeon has seldom an opportunity of seeing its commencement, as the disease excites so little uneasiness at

first, that, in general, its attack is unobserved even by the patient, until it has existed for several days. A small black spot that resembles a grain of shot in colour as well as in size, is its first appearance; which if seen by the experienced eye of a surgeon, even at this early period, will at once be recognised as a slough or mortification, extending to some depth below the surface. The slough will continue to increase sometimes to only three or four times its original extent, and at others until it engages a considerable portion of the penis, before a line of separation can be observed between the living and mortified parts. When the separation at length takes place, we do not find a clean granulating sore, as occurs in simple mortification; but a corroding phagedenic ulcer, which begins a new kind of depredation on the surrounding parts, equalling the virulence, but not the rapidity of the sloughing process, by which it was preceded.*

* It is probable that the sloughing and phagedenic forms owe their origin more to circumstances of which the climate, constitution and habits of the patient are the principal, than to a distinct and specific virus. A southern climate predisposes most to these forms of syphilis, which are comparatively rare in the more northern and temperate latitudes. These remarks will perhaps apply with most force to the sloughing ulcer, of which the editor has seen but few cases in Philadelphia. In the south of Europe, the predisposing causes seem to be far more active, and particularly so in their operation upon northern visitors. The crews of our men of war and merchantmen, have occasionally suffered very much from this form of syphilis in the Mediterranean, especially on their visits to the Italian and Spanish ports. As yet the most of our information upon this subject has been acquired through the medical attendants of the British army and navy, who were concerned in the Peninsular war. From their testimony we think it may be inferred, that the same causes which rendered all kinds

Suddenly those parts are attacked by severe pain, and afterwards assume a bluish cast, and on the following day they are found to be covered by a slough; and in this way this destructive malady continues to extend its ravages by alternate sloughing and ulceration, until in one sex the entire penis, scrotum, perineum and pubes are destroyed; and in the other, until the labia, nymphæ, vagina, anus, nates, and I believe even the bladder and uterus, are engaged in one extended and malignant state of putrefaction.

But if the ulcer is fortunately stopped in its progress, and a portion only of the penis is destroyed; the orifice of the urethra becomes so contracted in the new formed cicatrix, that the urine passes with the greatest difficulty, unless the utmost care is taken to preserve the passage open during the healing of the ulcer. These circumstances are noticed by the accurate Celsus, who describes a certain blackness, which, though it does not excite pain, gradually spreads; and if we do not resist it, makes its way to the bladder, when no assistance can be given. His manner of treating this ulcer is by the application of the actual cautery, if it is confined to the glans penis; but first he directs a small probe to be introduced into the urethra, in order to prevent that passage from closing. If however the ulcer has penetrated far, he recommends the excision

of wounds more dangerous to the British soldiers than to the natives, led to the gangrene, sloughing and horrid consequences which so often befel them. It is this form of syphilis which in the south of Europe has acquired the popular character of a new and distinct disease, under the frightful appellation of the *Black Lion*.
E.

of such parts as are engaged in the disease; and to be treated afterwards in the same manner as other gangrenes.*

The phagedenic and sloughing ulcers may, in most instances, be readily distinguished from all others, after they have assumed their peculiar characters. But the former does not immediately, on its first commencement, assume its phagedenic character. Some difficulty in this early stage (as occurs in the early stage of all morbid poisons) may arise in distinguishing it from the other primary ulcers, to which the generative organs are subject. It, however, displays its peculiar character of phagedena so early, that, I conceive, it cannot often happen that embarrassment will arise, by confounding it with an ulcer that becomes phagedenic from irritation, for it must be recollected that neglect, local irritation, and I will even add, (although it may seem to favour the opinion of my adversaries,) excessive constitutional irritability, will cause a venereal ulcer, as it will any other, to become phagedenic, however originally mild in its nature. It must therefore be in the highest degree useful to attend to the progress of an ulcer, and, if possible, to ascertain whether it assumes the phagedenic character soon after its commencement or not; and if not,

* Quædam etiam nigrities est, quæ non sentitur, sed serpit, ac, si sustinimus, usque ad vesicam tendit; neque succurri postea potest. Si id in summa glande circa fistulam urinæ est, prius in eam tenue specillum demittendum est, ne claudatur; deinde id ferro adurendum: si vero alte penetravit, quidquid occupatum est, præcidendum est, cetera eadem quæ in aliis cancris, faciendæ sunt.
—*Lib. vi. Sect. 18.*

it is not to be classed with that venereal disease which I have termed phagedenic.

These characters of the different primary venereal ulcers already noticed, are, I trust, sufficiently obvious to enable us, in the great majority of cases, to distinguish the commencement of diseases, which take very different courses, and require, in many respects, different modes of treatment.

Mercury improperly exhibited, neglect, irritation and imprudence of various kinds on the part of a patient, may so irritate and inflame an ulcer as to render it impossible to decide on its character, until this adventitious inflammation is removed. The same difficulty may arise from the same cause, in enabling us to decide from appearances, whether a patient has been inoculated with the vaccine or variolous matter, although nothing can be more distinct than the characters of their respective primary ulcers (if I may be allowed the term) when not thus affected.

Inflammation thus occurring on primary venereal ulcers, often excites mortification of the part; but then mortification or slough thus produced, is totally different from that which affects the venereal sloughing ulcer. In the former instance when the sloughs separate, a clean granulating sore is exposed; and in the other a phagedenic surface, which proceeds alternately sloughing and ulcerating, as long as the disease continues.

As far as my experience extends, buboes are more infrequent in this form of venereal disease than in any other. Before ulceration they do not

exhibit any peculiar characters, but afterwards they partake of the general malignity of the disease.

The edges of the ulcer become undermined, jagged, and irregular; and there is no chance of inducing them to cicatrize until these projecting edges are removed, which may be done either with caustic, or the knife;—the latter is the mode I always prefer as the least painful and tedious.

THE CONSTITUTIONAL SYMPTOMS of the phagedenic and sloughing ulcers are,

First, An eruption of tubercles, pustules, or spots of a pustular tendency, which quickly degenerate into ulcers covered with thick crusts, that usually heal in a peculiar manner from the centre, while at the same time they are extending at their circumference with a phagedenic border. This eruption is often ushered in by a high degree of fever, which is lessened, but not altogether removed on the appearance of the eruption. Sometimes the patient will complain of being generally unwell, for a considerable period preceding the eruption, without being able to state any particular symptoms to account for his indisposition: however, a general listlessness, pallid countenance, languid eye, and broken rest, sufficiently evince that he is neither fanciful or hypochondriacal.

In other instances, severe nocturnal head-achs, with tenderness of the scalp, or slight dyspnœa, with tenderness of the sternum upon pressure, and general soreness of the chest, afford to the wary practitioner the first intimation that a venereal taint

may be present, and induce him to make further inquiries bearing upon this point. The premonitory symptoms may undoubtedly usher in the eruption of any of the other forms of venereal disease, but repeated observation enables me to state, that they are more severe in the phagedenic, than in any other form of venereal complaint.

Plates III. and IV. and fig. 4, 5, 6. Plate I. show the different appearances of this eruption, and the general form of the crusts, better than any description. I do not say that in every instance, the crusts which form on the spots assume the conical figure, which bears a close resemblance to the *Rupia prominens*, delineated in Bateman; nor that the ulcer always heals at its centre, while it is spreading with a phagedenic margin. But I beg to state, that these appearances with which accidental occurrences may occasionally interfere, are the usual characteristic signs of this disease. It has been suggested to me by my former pupil, Mr. Farrel, (now a member of the Dublin College of Surgeons,) who noted almost all the cases in my first edition, that the circumstance of the ulcer healing in this manner, may be owing to the destruction of the cutaneous structure in its centre, and that the skin being here destroyed, the parts underneath throw out granulations, which soon cicatrize, while at the same time the ulcer continues to make progress at its circumference, in accordance with the pathological law, so well established, that diseased affections as well as inflammation. extend in the direction of the tissues they

first attack, leaving untouched other tissues in their immediate vicinity.

If, therefore, this peculiar mode of healing depends upon the destruction of the cutaneous tissue in the centre of the ulcer, it is obvious that though a frequent occurrence, it does not constitute an indispensable character. An ulcer which heals in this manner sometimes spreads to an enormous extent. I have in my possession a drawing of one taken from a patient in the Richmond Hospital, which commenced on the arm; and extended over the shoulder and those integuments of the back which cover the scapula, exhibiting a great extent of red, shining, new-formed skin, surrounded by a border of phagedenic ulceration, from half an inch to an inch in breadth.

Second.—The ulceration of the throat which attends the phagedenic disease, is of a most formidable nature; according to my experience, it commences in the form of a small white aphthous-looking sore, which usually attacks the velum, or posterior part of the pharynx, but more frequently the latter. It sometimes, but more rarely, commences in other parts of the throat. If not checked in its progress, wherever it may arise, it rapidly engages the entire of the pharynx; extending upwards the nares become affected, followed too frequently by caries, and exfoliation of the spongy bones, and tenderness of the ossa nasi, with a foul discharge from the nostrils. This ulcer, in its progress towards the mouth, also affects the tonsils with a similar ulceration; and seizing upon the velum, and uvula,

rapidly destroys them. So that in looking into the mouth of a person in this lamentable state, there appears one vast continuous ulcerated cavity, covered with a white viscid matter, and extending from the palate to the lower part of the pharynx.

If it should, as is frequently the case, extend downwards to the larynx, there will be but little chance of saving the patient's life. When this organ is attacked, we are soon apprized of the circumstance, by a most distressing train of symptoms:—viz. a whispering stridulous voice, constant cough and copious expectoration of viscid matter, attended with restlessness, great anxiety of countenance, emaciation, night-sweats, rapid pulse, and all the concomitants of phthisis.

When the epiglottis has been in part or entirely engaged in the process of ulceration, it is no longer capable of performing the office of a valve. Foreign bodies, therefore, slip into the trachea as often as the patient attempts to swallow, and excite violent irritation and fits of coughing that threaten the life of the patient. I have known two instances of sudden death to occur in the Lock Hospital from this cause. In general, however, the patients linger many months, and at length die consumptive. I never yet witnessed a recovery where the larynx was decidedly attacked with ulceration, although mercury, cicuta, opium, blisters, and a variety of other means were employed.

The extension of the ulcer to the nares may be suspected if the patient's breath becomes offensive, with an obstruction of breathing through his nose;

and amounts to certainty, if a foul discharge, occasionally tinged with blood, comes from the nostrils. The disease will afterwards become apparent by exfoliations of the bones, and a sinking in of the cartilage.

In the several cases of venereal affection of the nose which came under my observation, it was obviously a symptom of the form of venereal disease now under consideration, and could readily be traced, in most instances, to the phagedenic primary ulcer. I never witnessed an instance of this affection of the nose conjoined with the papular eruption, or the scaly syphilitic lepra, or psoriasis; but in every instance in which an eruption was also present, it was of the pustular description, and had either formed scabs or ulcers.

The frequency of venereal affections of the nose, and consequent deformity among the inhabitants of Lisbon, has been observed by the surgeons of our army who served in Portugal; and this circumstance may, with tolerable certainty, be ascribed to the great prevalence of the phagedenic and sloughing ulcers in that country.

Third.—At the same time that the patient is affected with the eruption and ulceration I have described, he is in general attacked with severe and obstinate pains in his joints; particularly in his knees, wrists, and ankles, which often become swelled, red, and so painful, that they are highly sensible to the slightest touch. The affection of the knee is usually attended with considerable swelling, and every symptom that denotes an acute attack.

of inflammation of the synovial membrane. This affection of the knee is so frequent an occurrence in this form of venereal disease, that it may be almost esteemed one of its peculiar characters.

Fourth.—Nodes were only traced to the phagedenic primary ulcer, in such cases as were treated with mercury. Both Mr. Guthrie and Mr. Rose have stated the remarkable infrequency of this symptom in numerous cases, which were treated without that medicine. The question therefore, whether they occur in this form of disease where mercury has not been exhibited, remains to be decided; but in the whole of my experience, I have not seen an instance of nodes attendant on the phagedenic venereal disease, except where mercury had been previously administered.

Obstinate enlargement of the testes is also not of unfrequent occurrence in this form of the disease, but whether it appears where mercury has not been exhibited, I cannot take it upon me to determine.

Many anomalous symptoms, such as large indolent swellings, containing a serous fluid, may occur. I have not, however, seen them in any cases, except those where mercury had been largely employed; so that we have as much reason to attribute them to the agency of the medicine, as to that of the morbid poison, or more probably to the combined effects of both. In fact, the train of symptoms I have been endeavouring to describe, is so very often found to be injured, rather than benefitted by the exhibition of mercury, that we may well ascribe

to this circumstance, the coinage of the favourite terms mercurial (in the unrestricted sense in which it is employed,) syphiloidal, sequelæ of syphilis, &c. the anomalies presented by this disease, under the mercurial mode of treatment, first impressed my mind with the necessity of that investigation, which has been of so much public advantage; and I am persuaded, that these very perplexities have induced others to lend their energetic assistance to ascertain how far venereal complaints can be combated without the exhibition of mercury: an investigation, which, in spite of the common-place declamation and untractable dogmatism of professional bigots, has already led to an improved line of practice, and conferred the most important benefits upon society.

I am satisfied that there is not an experienced member of the profession who will not admit, that the group of constitutional symptoms I have described in this chapter, frequently resist the effects of reiterated courses of mercury; and that even while the patient is under the fullest influence of that medicine, but most usually afterwards, new symptoms not before observed will occur, and particularly nodes. But such is the apparent perversity of this disorder, it must still be acknowledged, that after repeated courses of mercury have failed, the patient will sometimes recover under a new trial of the medicine, and *that* at a period when his hopes and his strength have been nearly exhausted.—These facts are so common, that they scarcely require to be elucidated by cases. I shall, however,

subjoin a few, in order to render my views more perspicuous to the juniors of the profession.

I have not a doubt but that the embarrassing obstinacy of this disease perpetually arises from the premature and indiscreet interposal of mercury, which interrupts and encumbers its natural progress. The vulgar often make use of terms which have originated from a close observance of nature, and I cannot but attribute to this source the very frequent expression, "*the disorder has been set astray,*" which is usually applied to the untoward symptoms that occur in small-pox, measles, or scarlatina, when the eruption suddenly recedes. It is also applied to the unexpected attacks of venereal secondary symptoms, when the constitution is under the influence of mercury. In the morbid poisons first mentioned, we know that on the re-appearance of the eruption, those dangerous symptoms which arose from the affection of some of the internal organs, and threatened the life of the patient, immediately decline; and if we may recur to analogical reasoning in aid of our experience, the propriety of being guided by those facts in the treatment of the embarrassing malady under consideration will not be disputed.

I may, therefore, be permitted to argue, that the mercury which interrupts the natural progress of this morbid poison, and often removes the eruption and heals the constitutional ulcers of the skin and throat, transfers the disease to the deep seated parts—the periosteum, fascia, and bones; and that this is the true reason that we so frequently witness the

occurrence of nodes and other affections of the deep seated parts after the patient has undergone the fullest influence of mercury, and flattered himself, in the disappearance of the disease from his skin, that it has been altogether subdued in his system.

I am still farther supported in this inference by the fact already adverted to, that the bones are seldom or never affected in those who have not used mercury. Nor are we to forget in the argument, our knowledge of the proper treatment for the yaws, between the symptoms of which and the disease under consideration, there exists the most striking similarity.

In both, the eruption is ushered in by pustular spots which scab and terminate in ulceration. In both the ulcers of the throat are equally severe and malignant. In both, pains of the joints accompany the eruptions. In both, the disease will recur again and again after the use of mercury: and in both, after the exhibition of that medicine, the bones are particularly liable to be affected. When the yaws first became known to our West India practitioners, mercury was exhibited in every case; but it is now as universally abandoned from the dear-bought experience, that it renders the disease nearly incurable, and particularly if exhibited before the eruption is in the scabbing stage, or the disease manifestly on the decline. But, on the contrary, if the yaws are allowed to pursue their natural course, the disease will wear itself out, or in other words, yield to the powers of the constitution in the course of a few months. If it were not condescend-

ing too far, our practitioners might have acquired all the information that was necessary on the subject from the uncultivated natives of Africa, who effectually cure the disease without recurring to mercury.

DESTRUCTIVE as the phagedenic ulcer is, it will yield to those means calculated to remove pain and inflammation. Absolute rest in the recumbent position; venesection, in proportion to the extent of the pain, inflammation, and symptomatic fever; antimonials, in sufficient doses to nauseate; warm poultices of bread and water; warm fomentations, either in the form of stupe, or injected between the prepuce and glans; opium, hyoscyamus, and cicuta, in sufficient doses to lessen pain and irritation, and procure rest at night, are the means upon which I rely during the inflammatory and more active stage of the phagedenic ulcer. Afterwards, when it excites but little uneasiness, and creeps slowly along, healing in one place while ulcerating in another, the solution of nitrate of silver, in the proportion of one, two, or three grains to an ounce of distilled water, may be of service; or the mercurial black or yellow washes agree well in some cases, while in others, it must be admitted, that no application seems to check the progress of the ulcer. In such cases, a spontaneous hæmorrhage, which is sometimes very profuse, often gives an immediate check to the disease. From having observed this favourable result of hæmorrhage, I have been induced, in some instances equally inveterate, to imitate the process of nature; and at the same time, remove a

diseased surface, by paring off the irregular and jagged superficies of the ulcer, and encouraging the bleeding afterwards, by immersing the part in warm water. And I have had the satisfaction of frequently witnessing the most beneficial effects from a measure apparently severe, but which was followed by cessation of pain, and the rapid amendment of the ulcer thus treated.

Sometimes, when the ulceration is extensive and irregular in the chronic stage of the disease, irritation is kept up by a band of integument, connecting one portion of the ulcer to another, and acting like a bridle on the part. A practitioner accustomed to those cases will, at a glance, perceive that ulceration will go forward until this connecting band is destroyed. I therefore, always anticipate the slower and more painful process of nature, by dividing the band in question; and irritation being thus lessened, immediate amendment most commonly follows. In the same way, when an ulcer attacks the frenum, no matter what its character may be, it usually continues to extend until it eats through the part; and, for the reasons mentioned, in such cases I am in the habit of dividing the frenum with a sharp pointed bistoury, which is very generally followed by an immediate cessation of the ulcerative process.

Stimulating applications are often extremely useful to sloughing venereal ulcers, such as Venice turpentine, or balsam copaivæ, blended with one or two parts of olive oil.

I have frequently seen very extensive ulcers on the penis or groins, which were spreading rapidly,

checked by either of these applications, and exhibit in a few days, a clean granulating surface.

I have not observed any advantage to result from the use of emollient or fermenting poultices in this description of ulcer. When the sloughs are extensive the terebinthinate applications just mentioned, or a lotion composed of one part of tincture of myrrh to seven of camphorated mixture, have been attended with much more benefit. They correct the fœtor of the sloughs, and stimulate the sound parts to cast them off, but unfortunately it has not the power of preventing their renewal. Change of air, in every instance in which I tried it, was attended with decided advantage; I am so fully assured of the benefit to be derived from this source, that the first thing I should recommend on being consulted by a patient affected with a sloughing ulcer, would be his removal to the country.

Bark appears to me to be injurious in this ulcer. I never observed any amendment under its use; but, on the contrary, found that the ulcer always rapidly extended during its exhibition. Indeed, from the high degree of fever present, we might, *à priori*, conclude that bark would not be serviceable. The pulse is in general from 100 to 130; and when the ulcers are very extensive, the tongue is dry, brown, or even black, such as it appears in the advanced stage of typhus fever. A contrary mode of treatment seems to be indicated by the fact that a spontaneous hæmorrhage from the ulcer, frequently induces a favourable change. The exhibition of opium or cicuta in large doses, has frequently been attended with the most decidedly good effects.

When the ulcer has gained considerable ground, we should entertain but a very unfavourable prognosis of the event. Thus, if the ulcer has already destroyed one half of the penis, the most judicious treatment will scarcely save the remainder, or prevent the scrotum from falling into mortification; in which case the patient (if he can think himself so) will be fortunate in escaping with life. But if only a part of the prepuce or glans is engaged in the ulcer, however alarming the state of the patient, we may hope, under judicious management, to retrieve him from his perilous situation.

It may be useful to illustrate the plan of treatment recommended for these ulcers, by a very few cases.

Case 15.—William Brady, admitted October 26th, 1814. An extensive phagedenic ulcer, engaging the prepuce, corona, and a large portion of the body of the penis, which was nearly encircled by the ulcer, and was swollen to a great extent by inflammation. His pulse 120—thirst and restlessness.

He stated that he was four months disordered, and was the entire of that period using mercury, both in the form of pill and ointment.

Sixteen ounces of blood were immediately taken from his arm, and the venæsection was repeated on the following day. Nauseating doses of tartar-emetic were also directed, with warm fomentations and bread poultices.

November 7th. The inflammation and symptomatic fever lessened.—Ext. Cicutæ. gr. v. ter. die.

22nd. Ext. Cicutæ. gr. x. ter. die.

Under this plan he remained until the ulcer was nearly healed.

December 12th. Discharged well.

Case 16.—Michael Cleary, admitted December 19th, 1814. The entire prepuce either presenting a sloughing or a phagedenic ulcerated surface. The glans penis could be seen in a similar sloughing and phagedenic state, projecting through the ulcerated edges of the prepuce. The entire penis swollen and inflamed—pain excessive—high symptomatic fever, pulse 120.

He stated that the ulcer first appeared on the glans about a month before his admission, and that he had rubbed in fourteen drams of mercurial ointment.—Mitt. Sanguis ad. $\frac{3}{4}$ xvi.—Solut. Antim.—Fotus—Catapl.

20th. Repet. venæsect.

26th. The greater portion of the glans was evidently in a state of slough.

January 2nd. The entire glans and prepuce had separated. Pain and symptomatic fever reduced.—Ext. Cicutæ. gr. v. ter. die. The ulcer now healed so rapidly, that it was necessary to introduce a piece of bougie into the urethra in order to keep that passage open.

January 29th. Discharged well.

The loss of the glans and prepuce in this case might have been prevented if the depleting plan had been employed instead of mercury, before his admission.

Case 17.—Stephen Mulligan, March 2nd, 1815. A phagedenic ulcer which engaged the entire of the upper surface of the glans, attended with swelling and inflammation of the penis. A foul ulcerated

bubo with projecting edges in the left groin. He was two months disordered and had not used mercury. Solut. Antim.—Fotus—Catapl.

6th.—The inflammation of the penis had increased, and the ulcer was extending. Mitt. Sanguis ad $\frac{3}{4}$ xvi.

8th.—Repet. venæsectio.—Med. ut antea. These depletions almost immediately relieved the pain and inflammation.

April 3d.—The ulcer was healing round the edges.

17th.—The ulcer was healed, leaving a deep indentation in the glans. Thus affording an instance of the rapid mode in which the ulcers of some morbid poisons heal without any regeneration of the parts destroyed, a circumstance first noticed by Doctor Adams.

The bubo was not healed until the 4th of June, when he was discharged the hospital. During the last month he took daily decoction of sarsaparilla.

Case 18.—Patrick Kearns admitted Dec. 16th, 1815. A phagedenic ulcer which had destroyed the entire prepuce and a great portion of the glans, and was extending its ravages to the body of the penis; pain severe; symptomatic fever considerable.—There was frequent hæmorrhage from the ulcer which he was desired to encourage whenever it occurred, by bathing the part in warm water.

He had been but three weeks disordered, and had only taken six mercurial pills. Solut. Antim.—Fotus.—Catapl.

18th.—The hæmorrhage from the ulcer was con-

siderable, the pain was lessened, and the ulcer appeared less irritable.

January 15th.—The ulcer was healing, but the body of the penis was swollen, hard, and œdematous, which induced me to suspect that matter had formed under the ligamentum penis, which, on examination, was found to be the case, as the probe was easily made to pass from the ulcer of the corona towards the pubis under the ligament. This was immediately dilated, and gave exit to an accumulation of matter. The ulcer improved but slowly, and did not heal until the 4th of March, when he was discharged.

Case 19.—Thomas Farrell, Feb. 7th, 1816. One half of the glans penis engaged in a phagedenic ulceration, the edges livid and irregular, the remainder of the glans was seamed with the cicatrices of preceding ulcers, the consequences of the same infection—one part healing, while the ulceration broke out in another; pulse, 112; thirst and general fever.

The ulcer was first observed in the preceding August, and from that time to the period of his admission he was using mercury in the form of pills and rubbings, under different practitioners, which kept his mouth constantly sore. Mittr. Sanguis ad \bar{z} xvi. Solut. Antim.—Fotus.—Catapl.

8th.—Pain more severe; the inflammation of the penis increased; pulse, 126. Repetr. Venæsect.—Opii gr. ii. o. n.—Solut. Antim. ut antea.

12th.—Pain and symptomatic fever as before. Repetr. Venæsect.

20th. Pulse, 112; pain somewhat lessened; a projecting portion of the glans, which was undermined, and rendered jagged by the ulceration, was removed by the knife, and the bleeding afterwards encouraged by warm water.

March 4th.—The patient had the imprudence to leave his bed, which excited a renewal of the pain and inflammation; pulse, 130. Mittr. Sanguis ad \bar{z} xvi.

14th.—The inflammation and swelling removed; the ulcer much improved.

April 8th.—Ulcer healed. Discharged the hospital.

Case 20.—Mr. N. put himself under my care on the 3d of November, 1817, on account of a phagedenic ulcer of the frenum and adjoining surface of the glans. He had not used mercury. I divided the ulcerated frenum with a bistoury in order to check the irritation, which I knew from experience it would otherwise keep alive. Extract *Cicutæ* gr. v. ter. die. Lot. Hydrarg. Nigra.

December 4.—The ulcer healed.

In compliance with this gentleman's wishes, after the ulcer had finally healed, I indulged him in an alterative mercurial course, conjoined with decoction of sarsaparilla for three weeks.

I shall not fatigue my reader by adding farther instances of the phagedenic ulcer and the mode of treatment which has been so decidedly successful. I shall only entreat of every man of experience and candour to contrast them with those of a similar character which have come under his notice,

and were treated with mercury; and I shall confidently abide the result of the comparison in the decision of such a man between the two modes of practice.

Case 21.—In the subject of the following case, I had an opportunity of seeing the sloughing ulcer at its commencement. A gentleman who was familiar with the venereal disease in his own person, was alarmed five days after a suspicious connexion, at the appearance of a small pimple on the prepuce, which he said he knew to be the commencement of a chancre. Being a thinking man, he conceived (without knowing that he was supported by the authority of John Hunter in what he was about to do,) that he might remove the disease entirely, and prevent the absorption of the poison by an early excision. He therefore, without farther delay, pinched up the part of the prepuce upon which the pimple was situated, and snipped it off with a pair of scissars. The wound healed like a common sore, but he observed that the cicatrix was tender, and of a deeper colour than the surrounding skin. A month after this operation, while the cicatrix was still tender, he had connexion with another woman, who, he had strong reason to believe, was not disordered. Whether he judged rightly or not,—on the 3th of August, 1812, the day after this connexion, an unpleasant sensation induced him to examine the penis; when he perceived near the extremity of the prepuce, on the very seat of the former suspicious appearance, a dark spot, not larger than a small pea; this he showed to me the same day,

when I perceived it was a gangrened spot, without any surrounding induration or inflammation. I advised him not to take any medicine, until the true character of the disease should be fully developed.

14th. The blackness had increased, attended inflammation of the surrounding surface, and a strong disposition to phymosis. In consequence of which, I advised him to remain at rest, to take some opening medicine, and apply poultices of bread and water to the affected part. Notwithstanding these precautions, the swelling and inflammation of the prepuce continued to increase; so that on the 17th, it was with great difficulty that any part of the glans could be denuded. There appeared on the right side of the glans, and immediately in contact with the ulcer of the prepuce, a black slough, which extended as far as could be examined. At the same period, the slough on the prepuce had separated, and left a phagedenic ulcer. He repeated the opening medicine, and injected frequently between the glans and prepuce a lotion composed of seven ounces of decoction of bark, to one ounce of tincture of myrrh, which did not excite any pain.

19th. From the discontent of my patient, that mercury was not exhibited, I was in a manner compelled to allow him to rub in half a drachm of mercurial ointment every night, with a determination to stop, as soon as it should appear to disagree with him.* He persisted till the 28th, when his mouth

* It ought to be recollected, that this case occurred in August, 1812, at a time that I had just commenced the investigation. Nothing would tempt me now to accede to a patient's entreaties, in such a case, to sanction the use of mercury.

became slightly affected, and, at the same time, the pain, swelling, and inflammation of the penis had considerably increased. The prepuce could not be retracted, but thin ichorous matter, mixed with particles of sloughs, constantly distilled from beneath it. The injection, even of warm water, now excited intolerable pain, so that it was probable the sloughs had all separated, and exposed an irritable phagedenic surface.

He was desired to desist from the further use of mercury, and to take thirty drops of antimonial wine three times a day, in six ounces of decoction of sarsaparilla, and to apply poultices of bread and water to the penis. Under this treatment amendment soon followed, the swelling and inflammation diminished, and the discharge became thicker, and of a better quality.

Matters continued to go on well till the 12th of September, but on this day he was chilly and feverish, and on the following day the fever was considerable, attended with great lassitude, thirst, and pains in the knees, extending down the tibiæ.

14th. There appeared, on a part of the prepuce, hitherto unaffected, a small black spot, like the first that was observed; and on the 16th, this slough separated, leaving a round hole, which passed quite through the prepuce, and formed an ulcer, which afterwards extended along its internal surface. He continued to take the antimonial wine and decoction until the 20th, when his uneasiness was so great at not using mercury, that to pacify him, I was under the necessity of allowing him to rub in a drachm

every night. In five nights his mouth was affected, and, at the same time, the ulcer, which exhibited the true phagedenic character, grew more painful, and spread with such rapidity, as to destroy, in two days, a considerable portion of the prepuce. At this period he also gave a trial to cinnabar fumigations to the ulcer.

26th. But as it soon became obvious that mercury, in every form, was injurious to the ulcer, he was at length prevailed on to desist from its farther use, and to take in its place, five grains of extract of cicuta, three times a day; which was increased, on the 28th, to six grains, four times a day. This dose exciting unpleasant sensations in his head, was not increased; but it lessened the pain of the ulcer, and put a decided stop to its progress.

Oct. 2nd. I divided a tight band of skin which connected two portions of the ulcer together, and seemed, by keeping the parts in a state of tension, to excite irritation. After this he felt himself considerably relieved, and passed a better night than he had done since the commencement of his complaint. Next day the ulcer appeared less irritable, and on the 5th, the amendment was obvious. On the 10th, part of the ulcer had already cicatrized without granulations, and in a week afterwards was perfectly healed, till which event he continued the use of the cicuta. He had however, lost a considerable portion both of the glans and prepuce.

On the 20th of the same month, after enjoying the air, and recovering, considerably, his strength, he felt uneasiness in the bones of his cheek. On

examining it a day or two afterwards, I perceived a considerable enlargement of the maxillary bone, attended with redness of the integuments, so as to threaten a rapid ulcerative process. My patient now became greatly alarmed, regretted, notwithstanding his former experience of its injurious consequences, that more mercury had not been used, and seemed to wish for a consultation, with which I gladly complied. A surgeon of eminence saw the patient with me. We agreed upon the plan to be pursued, though we had different views of the nature of the disease. He was of opinion, notwithstanding the first appearance and history of the complaint, that it was syphilis, modified or altered by the peculiarity or morbid state of the patient's constitution, and considered the tumour of the maxillary bone, to be a true syphilitic node; while, on the contrary I was persuaded that the ulcers were not syphilitic, as they had not the character or appearance of chancres, and did not pursue the same progress under the use of mercury.

The treatment adopted, was the exhibition of one-sixth of a grain of muriate of mercury night and morning, with a pint of decoction of sarsaparilla daily, and the benefit of country air. Two days after he had entered upon our plan, the tumour began to subside, and in less than eight days was totally dissipated. Since this time he has not taken any mercury, or had any return of the disease. I saw the gentleman after a long interval, and he had remained perfectly well. It may be doubted if the agency of mercury had any influence in the reduc-

tion of the tumour of the maxillary bone, as it began to lessen in two days after he commenced its use; and in so short a period we can scarcely imagine that it could have entered the system, so as to produce any sensible effect.

I shall add one instance more of the sloughing ulcer, in order to illustrate the mode by which this formidable malady extends itself, by alternate sloughing and phagedena, which the reader may contrast with the sloughing that is often caused by excessive inflammation of the penis, where sores, no matter of what description, are neglected and irritated.

Case 21.—Owen Mac Sherry was admitted December 21st, 1812, on account of a sloughing ulcer, about the extent of a shilling, situated on the inferior surface of the penis. He stated, that he was disordered three weeks, and that he had rubbed in but three drachms of mercurial ointment previous to his admission. I directed him merely to confine himself to bed, and to poultice the penis with bread and water.

25th. The slough was cast off, and the ulcer assumed the true phagedenic character, and had extended considerably. He was directed to take the antimonial solution.

27th.—A slough had again formed over the surface of the ulcer. I directed that dossils of lint, moistened in the lotion of camphorated mixture, and tincture of myrrh, should be applied. This, however, was of little service. The ulcer continued to extend more rapidly than before; it became more

painful, and was accompanied by an œdematous swelling of the prepuce. He complained of pains in his arms and chest; pulse quick; tongue white, with symptomatic fever. The antimonial solution was ordered to be continued in nauseating doses, and poultices of bread and water were directed in place of the lotion.

Jan. 4th, 1813.—The slough had separated, and the sore looked clean and red. It could scarcely be said to be phagedenic, but it did not exhibit any appearance of granulations. The swelling of the prepuce remained unabated, and he complained of the severity of the pains in his shoulders and arms.

16th.—The sore was healing, and the pains in his arms were not so severe. On the 29th it was completely healed; the pains were entirely removed; and he was discharged the hospital perfectly well.

This description of ulcer, if not checked soon, destroys the entire penis, and extending to the scrotum and pubes, engages these parts in one sphacelated mass. Of its destructive tendencies, I have given several instances in my former edition, which it is unnecessary to repeat here. I am, however, happy to observe, that I have not met any of those formidable cases since that publication.

THE TREATMENT OF THE SECONDARY SYMPTOMS OF THE PHAGEDENIC DISEASE, is conducted on the same principle as that already laid down for the constitutional symptoms of the papular and pustular venereal diseases, so that little need be added on this part of our subject, with the exception of the peculiar

modes of treatment which particular symptoms may require.

When the fever, which ushers in the eruption, or accompanies it, runs very high, attended with severe pains of the head, chest, and joints, general blood-letting may be necessary in proportion to the quickness of the pulse and severity of the symptoms. Opening medicines and antimonial diaphoretics will, at the same time, be most useful auxiliaries. If the patient complain of severe pain in the head, which is a very common symptom in this, as well as the other forms of venereal disease, a blister to the nape of the neck, or occiput, may succeed in affording immediate relief. During this stage of the disorder, confinement of the patient to his room, and low diet, with diluting drinks, are as necessary as they would be in the treatment of any of the exanthemata.

If the fever be inconsiderable, or if it has been reduced, decoction or infusion of sarsaparilla in such doses as the stomach can bear, conjoined with antimonials, may be continued until the patient recovers.

Guaiacum, which once bore so high a character for the cure of venereal diseases as to have received the appellation of the *Lignum Sanctum*, seems to have fallen into total disrepute.

In Astruc's elaborate work many facts are detailed demonstrative of the efficacy of guaiacum-wood. He gives the following quotation* from the treatise

* Book II. p. 146.

of Nicholas Poll, physician to the Emperor Charles V., published 1536:—

“That as it were at one and the same time, three thousand men, whose lives were quite despaired of, were restored to perfect health by the use of the decoction of guaiacum; and after their recovery, felt as if they were born again.” These patients, while taking the decoction, which was made as strong as possible, were confined to bed and to low diet. In this way it acted as a powerful diaphoretic, and was persevered in for thirty or forty days.

I have made many trials of decoction of guaiacum-wood, combined with pills of gum guaiacum and antimonial powder, in this form and stage of venereal disease, with considerable effect; but must acknowledge, at the same time, that I place much more reliance on sarsaparilla. All these medicines increase the secretions, and ought not to be exhibited in cold weather, unless the patient will confine himself within doors.

If the patient is affected with extensive irritable constitutional ulcers with phagedenic edges, great advantage may be derived from combining with the decoction of the woods, the exhibition of cicuta in either powder or extract, in full doses; so that the peculiar effects of this medicine may be sensibly felt on the constitution.

When the cutaneous affection is characterized by tubercles, which spread into foul and extensive ulcers, such as are delineated in Plate I. fig. 4, 5, 6, I have reason to believe, that the nitrous acid is particularly useful. I have, in many instances, seen these

tumours recede under its use; but either before or after ulceration it will not fail to be found a most valuable remedy.

I am much in the habit, in such instances, of ordering this medicine in combination with decoction of sarsaparilla, in the proportion of two drachms of the diluted acid to a quart of the decoction, of which the patient is directed to take as much as will agree with his stomach.

When the patient's nights are disturbed by pains of the joints, as well as general restlessness, there is no anodyne equal to compound powder of ipecacuanha, which may be given in such doses as are most likely to excite diaphoresis, and procure rest.

If the pains are severe during the day also, it is useful to repeat the powder every sixth or eighth hour in conjunction with the sarsaparilla, in place of the antimonial solution. Under this simple plan, I have succeeded in bringing the most alarming cases, in the course of six, eight, or twelve weeks, to a favourable termination. But if mercury had been unnecessarily exhibited during this period, as many months, nay, years, might have been required to conquer a malady which is chiefly rendered formidable by injudicious interference; and which too often leads the victim of mal-practice through a disgusting and offensive train of symptoms to a painful and lingering death. Half measures will not answer. Thus many, in other respects judicious practitioners, adopt the plan of giving mercury in alterative doses, conjoined with sarsaparilla; but although this is not productive of the same mischief as full courses

of that medicine, yet I have proof the most positive in numerous instances, that it can serve no other purpose but to protract the disease.

I would not, however, be understood to exclude the use of mercury altogether, for the cure of this, the most formidable of venereal complaints. It is against the abuse, not the use, of this remedy I contend. For none can be more useful than this, if applied at the proper juncture. And that juncture is when the disease is on the wane, having in a great degree yielded to the powers of the constitution, assisted by the remedies already mentioned. This stage of the disease will be indicated by the subsidence of acute fever, the healing of the constitutional ulcers, and the termination of such recent pustular or tubercular spots as occur, into a kind of *scabby desquamation*, instead of spreading into ulcers covered with thick crusts, like their precursors. Mercury will not then interrupt the natural progress of the disease, but rather hasten it to its termination with well-timed assistance, while the chance is reduced to little or nothing, of exciting any venereal affection in the deep seated parts. Instead, therefore, of injuring the patient's constitution, perhaps irretrievably, by premature and repeated courses of this medicine, the advantage is inappreciable of withholding its application till the season arrives when it may be administered with a well-founded prospect of success.

And here I beg to subjoin a practical observation, sufficiently plain and obvious to be easily comprehended by the most careless practitioner, or by

those who are averse to troublesome distinctions, but are pleased with well marked outlines. To such it must be satisfactory to know, that for scaly eruptions, (no matter whether their scaliness has appeared in the very commencement, as in syphilis, or towards their termination, as in other venereal complaints, when the eruption and the disease are equally on the wane, and yielding to the powers of the constitution,) mercury may be exhibited with every prospect of advantage, or at least with little danger of inflicting the injury which is seen to occur if the spots, at the time, are destitute of the scaly appearance.

If the disease is then evidently on the decline, but chronic and lingering, and it should be determined to give mercury, it may be inquired, what is the most appropriate form of this medicine in such cases? I am inclined to regard the question as not very important, provided the preparation is sufficient to excite the mercurial action in the system. When the skin or throat is affected, I usually prescribe the solution of the muriate of mercury, or the compound calomel pill, in conjunction with decoction of sarsaparilla, on account of their tendency to affect the skin. If the patient is particularly delicate, I direct the decoction and five grains of blue pill every night. But if he is attacked with nodes of the bones, or affections of other deep seated parts, when it may be necessary to excite a full mercurial action, for the purpose of influencing their low organization, mercurial frictions are often preferable, as they are not so likely to irritate the stomach or bowels as the internal use of mercury.

The formidable ulcerations of the throat which attend this disease, have already been described, and require the adoption of the most prompt and decisive measures, lest the patient should suffer the loss of parts which might either endanger his life, or render it a burthen to him ever afterwards.

If the ulceration is of small extent, representing a white aphthous looking surface, any of the following local applications may be employed every third or fourth hour, by means of lint on the end of a probe, or a large camel's hair pencil, viz. oxymel æruginis, or a solution of the nitrate of silver in the proportion of from six to ten grains to an ounce of distilled water, or a solution of the oxy-muriate of mercury in the proportion of from three to six grains to an ounce of distilled water.

But if the ulceration is extensive, engaging the entire fauces as far as can be inspected, and having, perhaps, already destroyed the uvula, and a great portion of the velum, recourse should immediately be had to fumigations of the red sulphuret of mercury (factitious cinnabar) employed every fourth or sixth hour; or if the patient cannot bear the fumes of this preparation, fumigations of the hydrargyrus cum creta may answer equally well. It will be objected to me that the adoption of these means is in direct opposition to the preceding doctrine, that mercury ought not to be employed until the disease is on the wane; whereas, it is here recommended in a way which often mercurially affects the constitution while the poison is in its state of highest activity. This is undoubtedly true, but my answer

is simply, that it is always better of two evils to choose the least; and therefore, that it is more prudent to adopt the use of a remedy capable of checking a dangerous ulceration, even though that remedy, by exciting general mercurial action, may render the disease, of which the ulcer of the throat is but a symptom, more unmanageable, than to permit a malignant ulcer to proceed in destroying parts of undoubted importance, and which, perhaps, involve life itself in their destruction.

Fumigations of sulphuret of mercury may, however, only act locally on the sore without mercurially affecting the constitution, and I make it a rule, as soon as I perceive any amendment in the state of the ulcer, to discontinue them, in order to prevent, as far as is consistent with the use of their application, the constitution from becoming mercurially affected; and thus we may receive all the benefits, and escape the dangers, which the remedy is capable of effecting.

So great is the utility of those applications, that in the numerous cases of extensive ulceration of the pharynx which have come under my observation, I do not recollect one which did not yield to their influence, unless the ulcer had extended upwards into the nares or downwards into the larynx. When either of these misfortunes has occurred to the patient, his situation is truly critical; for parts have now become affected which, from their structure and functions, are not easily remedied; and it requires great prudence and circumspection in the practitioner to decide upon the means to be employed, and

which may be pursued with steadiness ; as nothing is more frequently injurious than vacillation.

If we were certain that the mercurial irritation on the system would cure ulcers in these situations, I should not hesitate a moment in having recourse to mercury, no matter how injurious its effects might be to the general disease; but unfortunately all the evidence was the other way. In most instances, however, the exhibition of mercury checks those ulcers; and they amend for a time, but return again and again after the mercurial irritation has subsided; or after the constitution has become reconciled to its presence, until in the one instance, the bones of the nose become extensively diseased, with consequent deformity; or in the other, until the cartilages of the larynx and its coverings are so ulcerated, thickened, and diseased, that the function of respiration becomes impeded, and a train of most distressing symptoms ensue, that are soon followed by the well known indications of the presence of phthisis pulmonalis, which at length releases the patient from all his sufferings. Between this choice of difficulties, it would be presumptuous to attempt to lay down with precision any certain line of treatment, which ought to be pursued in every instance.

I shall, therefore, merely state the line which I very generally take, with my reasons for its adoption; and at the same time suggest one measure for the treatment of this disease of the larynx, which I believe has not been practised.

Ulceration of the nares, either caused by the ex-

tension of an ulcer from the fauces, or from its occurrence there in the first instance, is indicated by difficulty of breathing through the nose; the voice is observed to be nasal, and these symptoms are soon followed by discharges of crusts, followed by matter of an offensive kind, occasionally mixed with blood. Where these symptoms exist, the surgeon is, on examination, in general, able to detect the presence of ulceration, either on the turbinated bones, the septum nasi, or on both, accompanied by an inflamed and thickened state of the pituitary membrane.

The general practice is to have recourse immediately to the internal use of mercury; but for the reasons just mentioned, I prefer, in the first instance, nearly the same external applications of this remedy which were recommended for ulceration of the throat, but modified to meet the difference of structure and situation of the parts engaged. With these views, the affected nostril may be well anointed morning and evening with a liniment or soft ointment, composed of one part of the nitrated mercurial ointment to three of olive oil; this may be done by means of a large camel's hair pencil, long enough to admit of its being introduced to a sufficient depth.

The nares may also be injected frequently during the day with the weak yellow mercurial wash, made in the proportion of half a grain of oxy-muriate of mercury to an ounce of lime-water.

If these means, after a sufficient trial, conjoined with the internal exhibition of sarsaparilla, do not

appear to succeed, let the fumigations of factitious cinnabar, or of hydrargyrus cum creta, be employed three or four times a day, in place of the yellow wash, by means of a bent tube adapted to the size of the nostril, and fitted to the common apparatus for fumigating the throat.

Under these plans I have succeeded in numerous instances in curing this formidable affection, without the internal exhibition of a grain of mercury. If, however, the ulceration should appear not to heal, or if it should return more than once, after having been healed, we may then feel authorized, in addition to the external application recommended, to give mercury internally.

The preparations I employ in such cases, are either the solution of the oxy-muriate of mercury, or the compound calomel pill of the London Pharmacopœia, conjoined with the exhibition of sarsaparilla. A restricted trial of either of these preparations, during four, five, or six weeks will suffice, without extending their use, so as to excite salivation. If the bones become affected, they must exfoliate before the parts can possibly heal; and on account of the readiness with which the spongy bones of the nose become extensively diseased, this must necessarily be a tedious as well as a disgusting process. But surely it is unnecessary to add to the patient's sufferings, by keeping him month after month under the influence of mercury, first of one formula and then of another, until the unfortunate victim has run the gauntlet through the entire battalion of mercurial preparations, with the view of

assisting him in a process, which is best accomplished by supporting instead of diminishing the powers of his constitution.

Unfortunate wretches daily present themselves at the Hospital for advice, with the septum and turbinated bones destroyed, so that the nares exhibit one large cavity, the walls of which are a foul ulcerated surface. A patient thus affected ought to be sent to the country, where he should live chiefly on a milk and vegetable diet; he ought also to be particular in keeping his apartment well ventilated; for the air he breathes passing over an extensive ulcerated surface, is rapidly vitiated, and must be injurious if breathed a second time. In this situation, calculated to improve his general health, he can employ with best advantage the means already recommended.

The extension of an ulcer in the throat to the larynx is first indicated by hoarseness, and a slight degree of that peculiar croupy cough, evincing to an ear which has once heard it that the larynx is the seat of the disease. The countenance of the patient soon betrays an expression of restless anxiety, occasioned by the perpetual efforts to cough up the thick viscid phlegm or discharge, with which the larynx becomes choaked. His pulse, at first quiet, afterwards becomes rapid; the cough, more incessant, is decidedly croupy, night sweats soon set in, followed by emaciation, and all the other concomitants of phthisis pulmonalis.

Whether the larynx is ever the first part of the throat attacked by ulceration, I shall not take upon

me to determine. In most of the instances which came under my observation, the ulcer commenced in the pharynx, and becoming chronic, healed above, while it was at the same time deceitfully extending in an opposite direction; and in this way, I have reason to believe, the epiglottis first, and afterwards the larynx, usually become affected.

When it attacks this situation, direct applications are out of the question; fumigations or strong solutions of nitrate of silver may possibly reach the epiglottis, but the disease, when it arrives at this point, seldom fails to extend farther. Our only resource then, in order to check with as little delay as possible the ulceration and consequent thickening of the larynx, will consist in counter-stimulants applied to the skin, and the internal exhibition of mercury. Blisters applied over the larynx are the more obvious counter-stimulants; but I have used them so often without observing any benefit to follow their application, that I am convinced they only serve to add to the torment of the patient. Caustic issues over the thyroid cartilage have afforded, in the trials I have made, some little relief; and in one instance I flattered myself that the application of moxa in the same situation, conjoined with the internal exhibition of mercury, had cured the disease, as a patient labouring under all the symptoms of ulceration of the larynx, apparently recovered under these means; three months, however, after his discharge from the Hospital, he returned extremely ill, and died on the following day. These parts engaged, which are preserved, were examined, and it

was found that a large quantity of serous fluid was effused underneath the mucous membrane of the upper opening of the larynx, so as forcibly to raise or detach the membranes from the epiglottis and arytenoid cartilages. The aryteno-epiglottidean folds were swollen and œdematous, the epiglottis so thickened and rigid as scarcely to be susceptible of the slightest elevation or depression. A foul ulcer, the size of a shilling, was situated on the inner surface of the trachea, immediately below the cricoid cartilage, and the larynx and trachea were filled with viscid mucus.

The exhibition of mercury, conjoined with counter-stimulants, is at first in general attended with advantage, and the patient may even recover so far as to think himself well; but exposure to the open air too often brings back the symptoms more severely than before. The preparations of mercury, upon which I place most reliance in these cases, are the same I employ for ulceration of the nose, viz. the oxy-muriate of mercury, calomel conjoined with opium, or the compound calomel pill.

If the disease does not yield to a rational trial of these means, still we are not under the necessity of abandoning the patient to his fate. There is one measure still in reserve—the operation of tracheotomy; but in order to afford this expedient a chance of success, it ought to be tried before those symptoms arise which indicate an affection of the lungs; and should be performed in such a manner as will not only admit the patient to breathe freely through the artificial opening, but allow an easy passage for

the discharge of mucous, otherwise the opening becoming obstructed, will not fulfil the intended object. For the same reason, a tube introduced into the opening, from the necessarily small size of its aperture, is altogether useless. The only mode in which this operation can be attended with advantage, is by the removal of a portion of the rings of the trachea, either by the knife or scissors, as I have often practised in cases of croup.* I must acknowledge that I have not given the operation a trial in that state of the larynx under consideration; but from its beneficial effects in acute disease of that organ, I am decidedly of opinion that there are quite sufficient grounds to authorize its adoption, in affections of a more chronic but equally fatal description; and I have been on several occasions prevented from proceeding to this measure, by the symptoms of a diseased state of the lungs becoming so rapidly apparent as to evince that nothing could save the patient's life.

The presumed *modus operandi* of an opening in the trachea, as a remedy, is to allow the patient to breathe through the artificial opening, and permit the larynx to remain undisturbed by the presence of a constant current of air, and thus induce that favourable state of quiescence, which is necessary to the healing of an ulcer in any situation.

The only remaining symptoms of the phagedenic disease, the treatment of which we have to consider are, pains of the joints, and nodes of the bones; but

* See Vol. II. and IV. of the Transactions of the Association of the King and Queen's College of Physicians, Dublin.

little need be said on this subject, as it would only be a repetition of what was recommended for similar symptoms occurring in the pustular venereal disease. It may, however, be useful to remark, that the affection which is particularly frequent and severe in the phagedenic disease, is inflammation and swelling of the knee joint, which require the most active antiphlogistic plan; such as frequent local depletions, either by means of leeches or the scarificator.

Warm fomentations, and poultices of bread and water, are also of service; and when the activity of the inflammation is reduced, the application of blisters, or of the tartarized antimonial ointment, is of great service. I have seen many instances of venereal inflammation of the knee joint, where these means had been neglected, and mercury imprudently prescribed and obstinately continued, which, as might be expected, terminated fatally. Three of these cases I happened to see in private practice; in one, the patient, after great sufferings from suppuration of the joint, underwent amputation, but shortly afterwards died consumptive. In the other two cases the patients endured the protracted suffering and hectic fever which arises from the change of structure, induced by inflammation of the synovial membrane. Mercury was employed to the usual extent. Death, however, was the consequence. But in numerous instances, this symptom was treated in the manner above recommended, to which it yielded in the most satisfactory manner, without the exhibition of a single grain of mercury.

When the other joints, particularly the wrist, or ankle, are severely affected, local blood-letting may also be necessary ; but generally speaking, there is no application equal to the tartarized antimonial ointment for the removal of chronic venereal pains. While at the same time, the general or constitutional treatment already detailed, in conjunction with the use of the warm bath, should not be neglected.

When nodes occur, (and I am not certain that they ever do in this species of venereal disease when mercury has not been employed) leeches, followed by a repetition of blisters to the part, will generally relieve the pain, and diminish those swellings. But if, notwithstanding these means, the nodes should continue obstinate, and the pains severe, recourse must be had to mercury, although it was originally, perhaps, the very cause of those nodes: not indeed by producing a mercurial disorder, but by driving the venereal disease from the surface to the interior. These affections of the bones, it is to be hoped, will in time become more and more rare, according as the inveterate practice by which they are occasioned, gives place to the modern improvements so obviously necessary.— Periostitis, no matter from what cause it may originate, is powerfully combated by the mercurial irritation, which acts by checking the adhesive inflammation. The preparation I prefer, is calomel combined with opium, given to such an extent as to affect the gums; but if the stomach or bowels are delicate, mercurial frictions must be employed. If all these means fail, our only resource lies in a free

division of the inflamed periosteum covering the node, which seldom fails to afford relief.

Enlargement of the testes is also a frequent symptom of this form of the disease, but I do not recollect to have seen it in any case where mercury had not been previously employed. I always treat it on the same general principles applicable to nodes.—viz. leeches, counter stimulants, antimony, and sarsaparilla. If these fail, then calomel combined with opium or cicuta will be necessary, in alterative doses.

In fact, the treatment recommended for this, as well as every other form of venereal disease, is founded upon general pathological principles, and the success which has attended these views, sufficiently proves that venereal complaints are neither obscure or incomprehensible; but that they yield to that treatment which a plain sound pathology points out, and which is available against the other diseases to which they bear an analogy.

Notwithstanding the length of time which has elapsed since the ill effects of mercurial courses in the phagedenic form of venereal disease was first urged upon the public, and although the inordinate use of mercury has considerably diminished since that period, I regret that I am in this edition obliged to repeat the observation, that there is scarcely a day in which I do not see some fresh instance of a constitution broken down by reiterated and protracted courses of this mineral, for this species of venereal disease; yet the faith of the practitioner is still undiminished in his specific: and the patient

is, year after year, assailed by some new symptom, for which he is again to submit to a remedy more destructive than the disorder.

The phagedenic and sloughing ulcers, probably present the most unfavourable form of venereal diseases, the most uncertain in their progress, and the most fatal in their result; but they have been rendered still more destructive by the manner in which they have been hitherto treated. The constitutional disease which they produce, may be retarded, or suspended, but cannot be superseded altogether by the mercurial action on the system. It may yield to the powers of the constitution, but will not to mercury, which in this complaint deserves the character of a ready and valuable instrument in our hands, well calculated, under peculiar circumstances, to check the progress of a dangerous ulcer, or to alleviate the severity of the pains of this species of venereal disease. One of the great errors in practice, arises from an inference that all ulcers or pains which are relieved by mercury, must therefore be syphilitic; and consequently that a full course of mercury is required for their cure. If we esteemed mercury merely as an instrument, by which we have it in our power to raise an action artificially in the system, capable of superseding that of some poisons, but only of suspending that of others, we should avoid a source of inextricable error, and might then more usefully direct our attention to discriminate those which may be superseded or cured, from those which can merely be suspended or alleviated by its influence.

In relinquishing the hope of curing this disease, like syphilis, by a full mercurial action, and of leaving it in a great measure to the powers of the constitution, we certainly resign the too often disappointed expectation of the *éclat* which the rapid recovery of our patient might produce; but we shall probably have the satisfaction, in the end, of guiding him through a most difficult and perplexing malady, and of escaping the mortification of seeing his complaints rendered more inveterate by our efforts to remove them, and of the unpleasant feelings that must result when we are conscious that those very efforts have tended more to subvert his constitution, than the poison which they were intended to subdue.

I shall now proceed to give a few cases of the constitutional symptoms of the phagedenic disease, many of which also afford instances of the existence, on the same individual, of the primary symptoms. I shall, in the first instance, detail those cases which exemplify the injurious consequences attendant upon the too early exhibition of mercury, and the train of difficulties, embarrassments, and disappointments, which the practitioner entails upon himself by continuing this line of practice. And these cases may be considered as the stepping stones by which I advanced to that mode of treatment, which has answered my most sanguine expectations. I shall afterwards subjoin cases that may be contrasted with the former, which were treated, from the time they came under my care, according to the views I have above unfolded.

It was not at first my intention to burthen this work with the detail of any cases, but I am inclined to believe, that my views of the phagedenic disease would be very imperfectly understood, without the minute and faithful details which these records present to the mind.

Cases exemplifying the injurious consequences attendant upon the early exhibition of mercury for the constitutional symptoms of the phagedenic disease ; but many of them also illustrating the beneficial effects of that medicine when the disease is on the wane.

Case 22.—Martha Lloyd was admitted September 10th, 1813, on account of a discharge of an acrid excoriating matter from the vagina, but from the swelling and excoriation of the parts, it was impossible to ascertain the nature of the surface from which it proceeded. There were pustules scattered over her body, but more numerous on her back than on any other part, which were of a large size, and as distinct as those which occur in a case of mild small-pox. There was also an ulcer on the outside of the left leg, extending from the ankle upwards, as large as the palm of the hand, and of a black sloughy appearance. A white superficial ulcer was situated on each tonsil, and she was affected with ptyalism, although, as she asserted, she had not used any mercury. She also complained of pains in her shoulders, and her strength and constitution seemed to be greatly reduced.

She stated, that she was affected with the discharge and soreness of the pudenda, three months before her admission, and that about the middle of that period, the constitutional symptoms had begun to appear. I directed her to take the antimonial solution and decoction of sarsaparilla. The symptoms were not, however, in the smallest degree checked by these medicines; the pustules became more numerous: those that at first appeared, had become dark brown crusts, concealing ulcers, the largest of which, formed on the sacrum, and was, at least, six inches in circumference. The ulcer of her leg also increased, and the ulcers of the tonsils extended to the back of the pharynx, and engaged the velum and uvula in their progress. On the 21st of September, a drawing was taken of the appearance of the eruption and ulcers on her back. (Plate III. fig. 1 and 2.) I did not any longer delay the exhibition of mercury, but directed that she should take a pill, containing one grain of calomel and half a grain of opium, three times a day.

28th. The greater number of the pustules had changed their appearance into dark-brown conical crusts, which were, in general, at their bases, about the size of a sixpence. The ulcer of her leg looked somewhat better, as did also those of her throat.

Oct. 12th. She was evidently affected by the mercury, and her swallowing was easier, but I could not examine the state of her throat, as from the number and extent of the ulcers on her back, she was obliged to lie upon her face. The crusts on the smaller ulcers closely resembled, in appearance,

the common limpet shell. No fresh pustules had appeared, and many of those on her limbs had formed crusts, which, falling off, left the parts underneath cicatrized; an evident indication, that the disorder was giving way to the means employed. She was, however, greatly reduced, and her legs became œdematous. These circumstances induced me to discontinue the mercury, and the rather, as the progress of the disease was decidedly checked. She was now ordered bark and wine, which, however, with every attention to diet, were insufficient to support her declining strength, although such ulcers as were exposed by the falling off of the crusts, exhibited a granulating appearance. The great extent of ulcerated surface so harassed a debilitated, broken down constitution, that she did not survive longer than the 2d of November following.

If this patient had continued on the use of sarsaparilla, which might have been advantageously combined with opium or cicuta, in doses sufficient to mitigate the state of irritation caused by extensive and painful ulcers; and if mercury had not been employed, I have little doubt, from my present experience, that she would have recovered.

Case 23.—The eruption of the phagedenic disease, in its scabbing stage, frequently forms conical crusts resembling the limpet shell in appearance. (See Plate III. fig. 2. and Plate IV.) I have, however, met with a few instances, in which one or two of the crusts rose into projecting hard cones, resembling horns.

My attention was called to a remarkable instance

of this description, on the 26th of October, 1813, by one of the surgeons of the hospital, under whose care the patient, Patrick Kenny, was placed. He had three spots at that time on his face, formed by large brown conical crusts, one of which, in particular, projected like a horn from his forehead, and is delineated in Plate III. fig. 3. He complained of pains in his shoulders, elbows, knees, and ankles, which last were red and swelled. On examining the penis, I discovered the cicatrix of a deep ulcer which had excavated the corona and superior surface of the glans penis.

I learned that this ulcer had made its appearance in October, 1812; and that it healed with difficulty towards the conclusion of a severe course of mercury of two months' continuance, during which period he had taken pills and rubbed in six ounces of ointment. He had, however, scarcely finished the course, when a frill of soft warts, or fungi, subject to frequent bleeding, sprouted up round the corona glandis. For this complaint he was again put upon a mercurial course of several months, during which he took pills night and morning, and rubbed in eleven ounces of ointment.

On the 10th of March, 1813, he was seen by an intelligent pupil of the Hospital, Mr. Adams,* who has attended my lectures on these diseases, and seen my practice in the Hospital, who favoured me with the following history of his complaints from the time he first saw him, until he came under my observation.

* Now a member of the College of Surgeons, and Lecturer on Anatomy and Surgery.

He found the patient labouring under severe ptyalism, and at the same time affected with excessive inflammation of the penis, owing in a great measure to some corrosive application which had been applied to the fungi. He directed him to discontinue the mercury, took blood from his arm, confined him to low diet, and ordered him antimonials. In a few weeks, under these means, the inflammation was reduced, the fungi disappeared, and the patient considering himself well, returned to his business.

But on the 23d of May following, he was again taken into the Lock Hospital, on account of pains in his arms, and an ulcer which had formed on the back of the pharynx.

For these complaints he was again submitted to another full course of mercury, under which the ulcer of his throat healed; but while he was affected with ptyalism, even to a quart daily, he was attacked with severe pains in all his joints, and his wrists and knuckles became red and swelled. At the same time an eruption of pustules, which formed ulcers covered with crusts, appeared in different parts of his body. In consequence of the appearance of these symptoms in the midst of a course of mercury, that medicine was properly discontinued, the pains were considered to be rheumatic; and he was advised to leave the hospital for the benefit of pure air, and for the purpose of recruiting his shattered constitution.

But in the beginning of the September following, he was admitted for the third time into the hospital.

for the symptoms described in the beginning of his case.

From the 26th of October already mentioned, though he was not under my immediate care, I saw him daily. The medicines he took were decoction of sarsaparilla and solution of muriate of mercury, under which he perfectly recovered from his pains, and the conical crusts already described fell off, leaving the surface underneath perfectly healed. On the 24th of December, he was discharged the hospital well. He was desired to return if any relapse should occur, but he has not since returned.

I need scarcely observe, that if a similar case were now to come under my care, I should treat it with sarsaparilla and antimonials, and not give a grain of mercury.

Case 24.—Thomas Dunn, admitted Sept. 3d, 1814. An extensive phagedenic ulcer of the glans penis formed a deep cleft that almost divided it into two parts; there was also an ulcer on his forehead covered with a thick crust, and a similar one on his side. He had been using mercury three weeks previous to his admission, under which the ulcer had extended. At this period, circumstances which I then misunderstood, but which I have since been able to unravel, and which I shall have occasion to advert to, induced me to think that the phagedenic primary ulcer would be benefited by the use of mercury, if the patient was at the same time affected by constitutional symptoms. Under the influence of this opinion, which I have long since relinquished, I determined to give a trial to mercury in this

and two or three other cases, and accordingly I ordered the muriate of mercury, conjoined with the decoction of sarsaparilla, for the patient soon after his admission. Under this plan the symptoms improved for a time, but they soon began to relapse to their former state, with the accession of new ones, as observable in all similar cases, unless the exhibition of mercury is postponed till the disease has nearly exhausted itself.

In the present instance, about a month after the patient had entered upon the use of mercury, and while his gums were affected, he was attacked with severe pains in his different joints, but particularly in one knee; and a great number of pustular spots, which soon formed crusts, and ulcers appeared on different parts:—at the same time the old ulcers extended with a phagedenic edge.

In December they were at their utmost extent, several the size of a dollar; one on his neck was as large as the palm of the hand. There were also very extensive ulcers on both thighs.

According as these ulcers began to mend they healed from their centre, and frequently, while healing in the centre, were extending with a phagedenic margin at their circumference. At length, under the use of the muriate of mercury, blue pill, calomel with antimony, cicuta and sarsaparilla, the ulcers healed before the 4th of March, and he was discharged the hospital.

He was, however, re-admitted on the 17th of the following April, on account of an extensive ulcer of phagedenic appearance, which engaged the left

tonsil and the entire velum, a great part of which it had destroyed. This ulcer it was necessary to check as rapidly as possible, and, therefore, recourse was had to mercurial frictions, and the solutions of the muriate of mercury.* Under this course the ulcer rapidly amended, and he was discharged the hospital well on the 28th of May, since which time I have not seen him.

Many will argue, that if mercurial frictions had been resorted to at the commencement, instead of the other preparations of mercury, the disease would have been subdued at an early period; and if I myself were to draw my conclusions from this case alone, I should be of the same opinion; but I have met with so many similar cases in which the effects of full, or even the gentlest mercurial action on the system was highly injurious at the commencement of the constitutional disease, that I have not the slightest doubt of the inutility and danger of its adoption until the disorder is on the wane.

Case 25.—Mary Fitzgerald, ætat. 25, admitted Feb. 25th, 1815, on account of a small ulcer of foul appearance and phagedenic character on one of the labia, and an eruption of pustules on her face and body. She also complained of pain in her right arm. She stated that she was but four weeks disordered previous to her admission, and that she had not used mercury. Decoct. Sarsap.—Solut. Antim.—Lot. Hydrarg. Flava.

As no amendment was apparent under this plan,

* If a similar case were now to come under my care, I should content myself by ordering fumigations of the red sulphuret of mercury to the throat, and decoction of sarsaparilla.

on the 3d of March she was directed to take a grain of calomel night and morning, which on the 20th had affected her mouth severely. At this time the eruption had assumed the form of ulcers covered with conical crusts, and a white aphthous ulcer had appeared on the velum and uvula. The mercurial pills were discontinued, and she was ordered two grains of opium at night to allay the irritation arising from her complaints, particularly the soreness of her mouth.

April 10th.—The ulcers had extended, and on her face presented the appearances depicted in Plate IV., which was engraved from a drawing taken this day, and exhibits a most accurate representation of this form and stage of the disease. There were four or five similar spots on her neck and back; one of them had thrown off the crust and exposed a pale unhealthy ash-coloured surface.

17th.—All the spots had so far extended, that her lip and nose were nearly covered by the crust which had formed on those parts. The ulcer of her throat had also spread in so great a degree as to engage the velum, right tonsil, and back of the pharynx, in one extended white slimy ulceration. Every attempt to swallow was attended with regurgitation through the nose. From constant irritation and want of nourishment she was greatly reduced. The ptyalism continued to three pints a day; but conceiving that this was in a great measure owing to the irritation of the ulcer in her throat, I directed the frequent use of cinnabar fumigations, and such nourishment as she was capa-

ble of swallowing. She sunk rapidly, and died on the 23d of April.

This case closely resembled in its symptoms that of Martha Lloyd, the first detailed of this series of cases. And the observations which I had occasion to make respecting the mode of treatment I should now adopt for the symptoms with which *that* patient was affected, apply with equal force to the present instance.

Case 26.—James Heney, admitted Sept. 27th, 1815. An ulcer about the size of a sixpence, exhibiting a white sloughy appearance, was situated on the body of the penis, the integuments of which were undermined to some little extent. There was also an ulcer situated on the upper lip, covered by a large conical scab. He had been about two months affected, and had rubbed in two ounces of ointment, and taken 20 pills, which affected his mouth, but did not produce any beneficial change in his complaints; on the contrary, the ulcer on his lip occurred, as he stated, while he was under the influence of mercury.—Decoct. Sarsap.—Solut. Antim.

On the 15th of October, the crust separated from the spot on his lip, exposing an ulcer covered with white tenacious matter. The ulcer on the penis was healing at one end, while it was extending at the other (that next the pubes,) by burrowing under the skin.

29th.—He complained of severe pain in his knee. After hot fomentations had been used for some days, the ointment of tartarized antimony was rub-

bed on his knee, and produced a large crop of pustules, which evidently relieved the pain.

In the beginning of November he was put upon the use of nitrous acid, and about the middle of the month the ulcer of the penis and that of his lip were nearly healed. In the beginning of December, his amendment seemed to cease, and some new symptoms appeared, viz. raised spots on his forehead and at the root of his nose, of a copper-colour and firm consistence. It was difficult to say whether they presented a scaly or a scabby appearance, but they did not, like the preceding spots with which he was affected, show any disposition to ulcerate. These symptoms, such as I have described them, always convey to me at present an indication that the disease is on the decline; and that mercury may be used not only with safety, but effect: but when this case was under my care I had not arrived at this point of information; yet on their appearance I deemed it prudent to resort to a course of mercury, under the impression that the means I had employed were insufficient to subdue the disease, and that these very symptoms were indicative of this fact.

I accordingly ordered him mercurial frictions, although I confess my hopes were rather stronger than my expectations of deriving any advantage from them. They were continued near two months, and his complaints gradually disappeared. He was discharged the hospital well in the beginning of February, leaving me in no small perplexity at an anomaly I was then so little able to explain, but which at present I find of such easy solution.

Case 27.—The following case, although *not under my care*, I had an opportunity of observing during its entire progress. The notes I give were taken by my pupil, Mr. Farrall, and the case is instructive, inasmuch as it affords another instance of the connexion which exists between the phagedenic primary ulcer and the pustular eruption which forms secondary ulcers, and at the same time evinces the injurious effects of mercury both on the primary and constitutional symptoms of this peculiar disease, unless it has begun to decline.

John M. Mahon, admitted 27th May, 1816, with considerable inflammation of the penis, phymosis, and profuse discharge. On retracting the prepuce as far as its inflamed condition would admit, the entire glans was discovered to be in a state of phagedenic ulceration. Severe pain; high symptomatic fever.

He had been disordered two months, and had taken eighteen mercurial pills.

He was ordered a bolus, to be taken at night, containing six grains of calomel and two of antimonial powder, which, on the 29th, was increased to ten grains of calomel, with the same quantity of antimonial powders, and a grain and a half of opium.

This bolus was repeated every night until the 16th of June, with but four omissions, and on these intervening periods, he took some opening medicine, which was continued as required until the 30th. The ulcer on the penis all this time was making progress, and on the 1st July, ulcers were apparent on the tonsils. He was now put on the use of

mercurial frictions, which he continued until the 9th of July, when he had rubbed in seven drachms of ointment. However, as the disease was still unchecked, the ointment was laid aside for pills of calomel and antimony, with occasional doses of the compound powder of jalap, and the fermenting poultice was applied to the penis.

These medicines were discontinued on the 12th of August for the solution of the muriate of mercury, and an anodyne draught at night. On the 19th of August, it was noted that a number of large brown scabs had made their appearance on his forehead, chin, arms, legs, and body, at a time that he was under the influence of mercury.

From this period until the beginning of September he did not use mercury in any form; the only medicine he was ordered was a pill every night, containing two grains of ipecacuanha and one of opium, under which his throat improved, but the scabs enlarged, and he became affected with pains in his joints.

The primary ulcer continued its ravages, until the entire penis was destroyed, which occurred about the middle of August, when a cicatrix formed close to the scrotum.

On the 4th of September he was ordered the solution of muriate of mercury and decoction of sarsaparilla, which soon affected his mouth. The scabs shortly afterwards began to drop off, leaving the parts underneath healed. The pains of his joints daily diminished, and he continued the medicine until the 3d of October, when he was discharged well.

This case was managed in every respect contrary to the plan of treatment I have recommended. The patient, it is true, recovered from the disease under the use of mercury, but in a mutilated state, and with a shattered constitution.

Case 28.—William Kelly, admitted September 6th, 1816, with a phagedenic ulcer extending from the corona glandis, more than half way along the body of the penis, and nearly round its circumference. It was attended with inflammation, pain, and symptomatic fever;—pulse 120.

It commenced at the frenum, and spread rapidly under the exhibition of mercury, which the patient informed me had been given to so great an extent as six pills a day, which he persevered in a considerable time before his admission. Under my directions he was bled twice, (sixteen ounces each time,) and took purging and antimonial mixtures, which he persevered in till the 20th September; when the ulcer not improving, he was directed to take five grains of the extract of cicuta every fourth hour; but the ulcer still continuing its ravages, this medicine was laid aside, on the 6th of October, for the muriate of mercury and decoction of sarsaparilla. Still the ulcer extended, until the entire prepuce, and a great portion of the glans, including part of the urethra, were destroyed. About the middle of November the ulcer began to put on a more favourable appearance, but at the same time, and while he was under the influence of mercury, he was attacked with pains in his ankles and insteps. The mercury was now laid aside, and he

was ordered, on the 25th November, a scruple of Dover's powder every night, with the decoction, and the frequent use of the warm bath.

Under this plan, the pains lessened and the ulcer improved, and finally healed before the 10th of January, 1817. Still the pains were lingering in his joints, and in compliance with his desire, I allowed him to rub in \mathfrak{zss} . of mercurial ointment every night, which about the end of January, excited considerable ptyalism, under which the pains were greatly relieved, but at the same time a large red tubercle appeared on the back of the right leg. The mercury was still persevered in, but the pains became more troublesome, and in the middle of February a large scabby ulcer had formed on the right arm below the elbow, and towards the end of the same month, his knee became swelled and inflamed.

Under these circumstances, it was obvious that the mercurial plan was of little advantage to him; it was therefore discontinued on the 28th of February, and he was put upon decoction of sarsaparilla, with which he was directed to take five grains of gum guaiacum every fourth hour, and to rub the knee with the ointment of tartarized antimony, which excited as usual a crop of pustules on the part. The pain of his knee, as well as all the other pains, gradually lessened under these medicines, and the frequent use of the tepid bath. The tubercle on the back of his leg did not ulcerate until the beginning of April. The same medicines were still continued, with little variation, and under their use all his com-

plaints at length disappearing, he was discharged the hospital on the 19th of May.

This case affords a good example of the phagedenic disease, both in its primary and secondary symptoms; of the inutility of mercury for their cure; and of the advantages derivable from sarsaparilla and guaiacum, after mercury had been exhibited without success.

Case 29.—The following case, though long, so well exemplifies the distress and danger to the patient, as well as embarrassment and mortification to the surgeon, from the early exhibition of mercury in the phagedenic disease, that I cannot refrain from giving it, as I am certain it will be esteemed by the juniors of the profession a very useful and impressive lesson.

In the beginning of June 1816, Mr. C. consulted me concerning a small foul ulcer inclined to phagedena, which had appeared about a week before on the prepuce. I prescribed antimonial pills and the mercurial yellow wash, but did not see him again until the 12th of July, when I was called upon to visit him at his own house. I found him in bed, complaining of the most severe pain in his head, which was increased by the slightest noise. His pulse was 110. The ulcer of the penis had nearly healed. I directed some smart opening medicine, and took sixteen ounces of blood from his arm; and two days afterwards leeches were applied to his temples. On the 22d, the pain not remitting, the physician who attended his family was consulted, who advised a continuance of the cathartic medi-

cines, and diaphoretics at night. On the 28th and 29th he complained of pain in a part of his forehead, which was tender upon pressure, and the same tenderness and pain also attacked one of the clavicles. The ulcer of the penis, which had healed, began again to ulcerate, and a few large pimples or pustules, of a suspicious aspect, had appeared on his forehead, arm, and back. In four or five days afterwards, the spots had extended into ulcers covered with crusts.

As it was now apparent that the high fever with which he was attacked was a venereal eruptive fever, which preceded the appearance of the pustular spots, I hoped to stop the progress of the disease by the exhibition of mercury, which I combined with antimony, on account of the high degree of excitement which still continued. With these views I therefore ordered for him, on the 30th, pills containing a grain of calomel, with two of antimonial powder, to be taken thrice a day. I, however, was perfectly aware from the symptoms, that I had a difficult disease to manage, and gave the patient an early intimation of the obstinate nature of his disorder.

Aug. 8th.—His mouth was affected by the mercury; the ulcer of the penis had increased, and exhibited a burrowing disposition. The constitutional ulcers, four or five in number, had also extended; he complained of pain in the back of his neck, and in his left knee. Decoction of sarsaparilla was now added to his former prescription. On the 14th, the pain of the knee had considerably increased,

and was attended with puffiness on each side of the ligament of the patella. This symptom was relieved in a few days by hot fomentations and warm poultices of bread and water, and he had also ceased to complain of his head and clavicle.

18th.—The gums were much swelled, and the ptyalism was considerable; but the ulcers continued to extend, and the crust covering that on his forehead, the base of which was nearly as large as a shilling, exhibited the conical form and appearance of a limpet shell, as delineated in the plate. The right testis had also become swelled and painful. As the disease, instead of being checked by the mercurial affection of the system, was decidedly making advances, as was evinced by the extension of the constitutional ulcer and the appearance of new symptoms, the mercury was discontinued; but on the 28th, his complaints being stationary, he was directed one-eighth of a grain of muriate of mercury, thrice a day, with the compound decoction of sarsaparilla.

Sept. 12th.—The swelling of the testis had increased, and no amendment had taken place in his other complaints. The solution of the muriate of mercury was changed for pills thrice a day, containing one-half grain of calomel, and two grains of antimonial powder. Decoction as before.

Oct. 4th.—The crusts had fallen from all the spots, leaving the parts underneath healed. The testicle, however, remained as it was. His mouth was slightly affected. It was now thought advisable to increase the mercurial affection of the sys-

tem, with the view of dispersing the swelling of the testis. He was, therefore, ordered four grains blue pill, with one-half grain calomel, thrice a day, and on the 8th he was directed to discontinue the pills, and to rub in $\zeta i.$ of ointment every night, which, on the 14th of October, affected his mouth severely.

The mercurial affection of his system was obviously, however, a second time attended with the most injurious effects; for the spot on his forehead had again ulcerated, and a new pustule, which extended into an ulcer, had appeared on one of his cheeks. The testicle had increased in size, and he began to complain of severe deep-seated pain in one of his thighs, and felt, according to his account, as if it proceeded from the bone. The mercurial plan of treatment was, therefore, again laid aside, and he was ordered the compound decoction of sarsaparilla, with ten grains of Dover's powders, thrice a day. An endeavour was made to relieve the pain of the thigh by the use of the tartarized antimonial ointment; this treatment was followed by a crop of pustules on the part, and afforded him considerable relief. At this period, as the patient lived in an unhealthy and crowded part of Dublin, he was advised to change his residence for one in the environs of the city, but this measure was not adopted, although its necessity was urged to him and his friends in the strongest manner.

The ulcer on his forehead had increased to such a degree as to extend from his hair to the root of the nose, and was about three-fourths of an inch in breadth. The upper part presented large, loose,

spongy granulations, but the lower was spreading and phagedenic, and I greatly feared it would extend to the loose cellular structure of the eye-lids.

I therefore thought it advisable to destroy, if possible, the surface of the ulcer, and induce a new action in the part, by touching it daily with a strong solution of nitrate of silver. It was also applied to the smaller ulcer which was on his cheek, and exhibited much the same appearances.

This application was attended with advantage, for on the 9th November, it was noted that the ulcer had a healthy healing appearance at its lower part. It, however, exhibited loose, spongy granulations above, but the smaller ulcer was nearly healed.

November 19th.—The ulcer continued to contract in size, but it was not healing to my satisfaction, as the granulations were soft and spongy. The testicle remained undiminished in size, and on its upper part had formed a small abscess, which broke and discharged some pus.

As upwards of a month had elapsed since the mercury was discontinued, the patient became discontented that something more efficient was not doing for him, particularly as his complaints remained so nearly stationary; and I myself, hoping that an alterative plan of mercury, combined with the woods, might produce a beneficial change, directed 4 grs. of the mercurial pill twice a day, which on the 27th was increased to thrice a day; but on the 5th December, it became necessary to abandon mercury for the third time, because it was apparent, although his gums were now severely affected,

that the ulcer on his forehead was making advances, and he was again complaining of the deep-seated pain in the femur.

All mercury being therefore discontinued, he was put upon the use of nitrous acid. Upon this plan he continued until the 15th December, during which time the ulcers gradually amended, but the testicle became more swelled, and extremely painful.

As venereal swellings of the testicle are, above all other symptoms, most apt to yield to mercury, a cautious trial was again made of that medicine. The patient was directed to rub in half a drachm of ointment at night, and to take 1-8th of a grain of the muriate of mercury twice a day.

On the 22d December, the symptoms all getting worse, a consultation was held with a surgeon of eminence, who was made acquainted with the perplexing circumstances of this obstinate case, the repeated trials of mercury, and the reiterated disappointments which followed its use. He, however, recommended a steady and gradual exhibition of that medicine in the form of friction, and a more powerful application of lunar caustic to the ulcer, and that the patient should at the same time enjoy the benefit of country air.

This plan was strictly followed, and in order to prevent too sudden an affection of his mouth, he was directed to rub in but half a drachm every night: however, before the end of January his mouth was strongly affected by the mercury. But at this period, and while the medicine had full possession of the constitution, the testicle began to grow intoler-

ably painful, and the ulcer of the forehead, which had been checked at its lower part, was again extending towards the scalp, by undermining the skin. He also repeated his complaints of severe pain in the head and shoulders. Under these circumstances, it was determined, in consultation with the same gentleman, to discontinue the mercury, and apply three leeches daily to the testis, until the pain subsided. But unfortunately, the leeches, instead of diminishing the pain and swelling of the testis, excited so much irritation as to produce considerable inflammation, and an extensive slough of the scrotum; and the symptomatic fever ran so high, that it became necessary to take blood more than once from the arm.

After the separation of the slough, the greater part of the right testis became exposed, and the ulcer produced was of a most irritable nature; with this, different lenient applications were tried, but the great irritability of the part could only be relieved by anodynes. In the mean time the ulcer on his forehead continued, in its superior part, to gain ground by undermining the integuments of that portion of the scalp adjoining the forehead, and he was again put on the use of nitrous acid.

February 9th, 1817.—The gentleman who saw him before, and another surgeon, met me in consultation this day, when it was determined to add to the nitrous acid one-third of muriatic acid, so as that the mixture should correspond with that recommended by Dr. Scott. It was also agreed to touch the edges of the ulcer of his forehead daily.

with the oxymel æruginis, and to procure rest by means of anodynes. At this period the patient was obliged to remain in bed, not only on account of his great debility, and emaciation, but from the very painful state of the exposed testis, which was increased by the slightest motion. His pulse was in general about 110. His friends were anxious that he should try a patent medicine, De Velno's vegetable Balsam, with which I willingly complied, as I had seen in other instances, where mercury had been given extensively, and without benefit, apparent advantage from the use of this medicine. On the 20th February, he commenced with a wine-glass full thrice a day, which was afterwards gradually increased to such quantity as his stomach and bowels could bear. He continued to take it for several months, during which time it did not excite the slightest tenderness of the gums, or fœtor of the breath. These circumstances I mention, as they evince that this medicine does not contain, as is generally supposed, any portion of mercury.*

It is but candid to acknowledge, that immediate and decisive amendment ensued on the exhibition

* Such evidence is certainly far from being conclusive, inasmuch as the Oxymurias Hydrargyri may be exhibited in moderate doses for months without affecting the gums or breath. This observation will apply with equal force to certain *panacea's*, which have lately been palmed upon the American public, as entirely of vegetable composition. The effects which these nostrums often exert upon the gums and breath, their ordinary influence upon the system, and operation in certain chronic diseases, with many other circumstances which might be adduced, evince to those who are familiar with the effects of the Oxymurias Hydrargyri, that it is to this valuable mercurial salt, all the good and harm they do is attributable.

of this patent medicine. His appetite and strength improved, the ulcers became clean, and began to lose their irritable phagedenic edges, and by the end of March were more than two-thirds healed.

About this time, however, new symptoms arose to damp our expectations; pain and tenderness occurred in both tibiæ, which prevented him from walking, and deprived him of his rest at night, unless he took a dose of Dover's powders. With De Velno, he was ordered to take daily a pint of strong decoction of sarsaparilla, and he went into the tepid bath every alternate day.

About the middle of May, the ulcer of the scrotum had cicatrized, but a small portion of that on his forehead still remained, without showing any disposition to heal. He continued to take De Velno and the decoction of sarsaparilla, until the middle of June, during which time numerous spots of a pustular character appeared on his face, and a few on his body; but instead of degenerating into ulcers, they *desquamated into broad scaly patches* of a copper colour, very different, however, in character, and appearance, from the syphilitic lepra. Great pains and tenderness of the tibiæ continued to disturb him, attended with puffiness of some parts, as if the periosteum was diseased. The knees, also, became so tender and painful that he could not stand. The ulcer on his forehead had contracted to the size of a sixpenny piece, and exhibited a smooth red fungous surface.

June 21st.—He was attacked with severe pain in the right testicle, and the right iliac region, which

yielded to a dose of castor oil, warm fomentations, and six leeches applied to the testicle. The aspect now assumed by the eruption, accurately corresponded with those appearances, which I had frequently known to give way before the influence of mercury. I therefore determined upon a cautious trial of blue pill; but unfortunately it disagreed with his bowels, and was therefore laid aside for the present, as was also De Velno, which seemed not to produce any good effects during the last month.

On the 5th of July, I saw him in consultation with two professional gentlemen, who had not before been consulted. After considering the many embarrassing circumstances of this intricate case, the result of the consultation was, that he should again have recourse to De Velno, and to continue the Iceland moss, and ass's milk, which he had been previously ordered, but that as soon as his strength had improved, that a cautious trial of mercury should again be made.* He continued on this plan, neither getting better nor worse, till early in the following August, when I conceived that the mercurial process determined upon by the last consultation, might with propriety be commenced. At this juncture I received a letter from my patient, informing me that he had placed himself under the care of another professional man, the second who was consulted on his case. From this gentleman

* One of these gentlemen, a surgeon of long experience and extensive practice, observed on this occasion, that in his day, practitioners had but little perplexity with such cases, for that they persevered in the use of mercury whatever were its effects, till it solved every difficulty by curing or killing the patient.

I afterwards learned that the symptoms yielded gradually, and without any farther embarrassment, to a course of mercurial friction.

The premature use of mercury was the cause of all the distressing and embarrassing circumstances which attended this case. If antimony and sarsaparilla had been persevered in with steadiness, under confinement, the patient would probably have recovered in the course of eight or ten weeks, and with but little suffering, compared to that which he underwent after the *fever had been superseded, and the eruption checked* by the use of mercury.

The only period that this medicine ought to have been employed, was when the eruption had become scaly. But although mercury was unwisely exhibited too soon in the present instance, yet whenever it was found to disagree, it was discontinued for a time. This moderation, we shall find, was not observed in the following case of a similar description, and the result was of a much more lamentable character.

Case 30.—On the 5th of April, 1817, I was called upon to meet two practitioners in consultation, one of whom, the attendant in the present instance, was the surgeon who brought the case I have just detailed to so favourable a termination.

The subject of our consultation was Mr. S., a gentleman about 30 years of age, who was affected at the time with both primary and secondary symptoms. The former were decidedly phagedenic. The latter exhibited spots covered with thick conical crusts, like the limpet shell in figure, scattered over

his face, back, and sides, and these larger crusts were intermingled with pustules and smaller scabby spots.

I learned that about five months previous to my visit, the disease commenced on the prepuce.—Mercury had been resorted to, and the ulcer extended under its use until the entire prepuce was destroyed.

It being found that the disease was not to be subdued by that medicine, I understood it had been laid aside for decoction of sarsaparilla, and the ulcer was induced to heal under the application of butter of antimony and lunar caustic.—Some short time afterwards, the ulcer had again broken out, and was followed by the constitutional symptoms I have described. The patient was again put upon a course of mercury; and at first under its use, the symptoms seemed to amend; but as soon as the system became fully impregnated with that medicine, new symptoms appeared, and the old ones became worse. A third mercurial process was tried with precisely the same result. At the period of the consultation, that medicine had been just discontinued, and the patient was taking decoction of sarsaparilla with Fowler's solution of arsenic, which I was informed had in a very short time produced a favourable change. Under these circumstances, I advised a continuance of the plan he was upon, and in the strongest manner stated my objections to the farther use of mercury, from my experience of its injurious effects upon every case I had met, which exhibited the same character of primary or constitutional symptoms.

I never afterwards saw the patient, but I learned that mercury had again been essayed, and course after course persevered in, till the patient was reduced to the lowest ebb, without deriving any farther benefit from these repeated attempts than a removal of the disease from the skin to the bones.

He was then sent to Lisbon, as a last resource, where he soon ended his days; and thus unhappily perished a most promising young member of the Irish bar, equally remarkable for the extent of his attainments, the quickness of his intellect, and the brilliancy of his wit.

These cases sufficiently evince the virulence and obstinacy of that species of venereal disease which is attended by a pustular eruption, terminating in ulcers covered by conical crusts; and decidedly prove the impropriety of the present practice of interrupting the natural progress of the complaint, by the exhibition of mercury, before the cessation of the eruptive fever, or the manifest decline of the disease. This declension may be clearly inferred, when any of the constitutional ulcers have healed, or when any new spots or pustules which occur, have terminated in desquamation, or extended into scabby blotches, instead of assuming or preserving the form of ulcers covered with thick conical crusts.

Cases exemplifying the efficacy of the plan of treatment recommended for the constitutional symptoms of the phagedenic disease, many of which exhibited at the same time the primary symptoms.

Case 31.—Michael Malone, admitted August 5th,

1812, on account of an extensive phagedenic ulcer, irregular and irritable, engaging the whole upper surface of the glans penis, one half of which was at least destroyed by its ravages. The surrounding prepuce was of a bluish colour, as if ready to fall into a sloughing state. He complained of severe pain in the part, particularly at night, which prevented him from resting. On examining his throat, I found superficial ulceration on the back part of the pharynx. There was no other appearance of secondary symptoms.

He stated, that he had been admitted into the Lock Hospital the preceding January, where he had remained eleven weeks, during which period, he rubbed in seven ounces of ointment, which salivated him severely; that under its use the original sore healed, but immediately another broke out, and a succession occurred, till at length he was discharged, labouring under the present ulcer, for the benefit of country air; that during his absence he also used mercury, which at first had been of service, but that the ulcer again became worse, as soon as salivation commenced.

I desired him to keep a poultice of bread and water to the penis, and to take pills containing five grains of extract of cicuta three times a day, which on the 10th were increased to ten grains. He was also directed to take decoction of sarsaparilla.

17th.—The pain was considerably lessened, and the entire ulcer was improved; and on the 27th, it was completely healed, and he was discharged the hospital. He returned to it, however, on the 29th

of November following, with a painful and œdematous swelling on the lower part of the leg, extending over the tibia, which either seemed to be slightly enlarged, or the periosteum affected. This complaint came on six weeks before his present admission. He also complained of pain in his right hip and elbow; his tongue was foul, and appetite bad. I therefore ordered him a smart opening medicine, and after its operation, to take antimonial solution, and decoction of sarsaparilla. He was also directed to keep cloths moistened in saturnine lotion to the tumour on his leg.

Dec. 10th.—He was ordered fifteen grains of the compound powder of ipecacuanha, night and morning, and to continue the decoction. Under this plan, in the course of a week, the tumour of his leg was considerably reduced; his throat became well, his appetite improved, and on the 28th, he was discharged the hospital, perfectly well.

Case 32.—Peter Murphy was admitted July 13th, 1813, on account of a deep foul ulcer, covered with white viscid matter, which engaged the back of the pharynx, as far as it could be seen. He stated, that he had been in the hospital two years before, for pains in his breast, head, and shoulders, and an ulcer on his right arm, the cicatrix of which, on examination, I found to be as large as the palm of the hand—that he was severely salivated during three months which he had remained in the hospital, and was discharged apparently well—that the disease some time afterwards appeared in his throat, for which, he was again taken into the hospital, a year

after he had left it—that he remained in it five weeks, during which period, he was again salivated severely, and discharged the hospital a second time, apparently well; and that two months after he left it, his throat became again ulcerated.

The inadequacy of mercury to remove the disease, as was apparent from the former trials he had made of that medicine, induced me to order him antimonial solution and decoction of sarsaparilla.

19th.—The appearance of the ulcer was unaltered; he stated, however, that it was less painful.

26th.—The ulcer was very much improved, and was healing round the edges.

August 3d.—The ulcer was nearly healed, and on the 9th, he was discharged the hospital well, and has not since returned.

Case 33.—James Carroll, admitted April 27th, 1815:—An extensive ulcer of the glans surrounded the orifice of the urethra. Ulcerated bubo in the right groin. He stated that he was four months disordered, during the entire of which period he had been using mercury, which kept his mouth continually sore. Solut. Antim.—Catapl.—During the first week in May, several spots covered with crusts had appeared on his back, shoulders, and forehead. The ulcer on the penis had become more irritable, on which account the antimonial solution was discontinued for five grains of extract of cicuta thrice a day.

May 18th.—A small white excavated ulcer had appeared on his left tonsil.

The primary as well as constitutional ulcers re-

mained obstinate for a considerable time—that on his forehead extended to the size of a shilling, and was particularly foul; but under the exhibition of the sarsaparilla and antimonial solution, which latter medicine was ordered again on the 5th of June, they were healed before the 26th of the same month, when he was discharged the hospital.

He was, however, re-admitted on the 23d of July, on account of pains in different joints. For these he was ordered the pills of antimonial powder and calomel, under which he soon became well and was discharged again on the 7th of August.

Case 34.—Michael Bannister, admitted June 20, 1815: An extensive ulcer of phagedenic character engaged the corona, superior surface of the glans, and what remained of the prepuce. The glans appeared to have passed through a large ulcerated opening in the prepuce; the remnant formed a tumour which lay at the frenal side of the glans. The whole penis was inflamed; high symptomatic fever—pulse 120—his mouth was affected with mercury.

He stated that he was six months disordered, that he lay part of the time in the infirmary of Liverpool, where he underwent a course of mercurial frictions during five or six weeks; but the ulcer not healing, he left the hospital and came to Dublin; that after his arrival in this city he again commenced the use of mercury, which he had been taking three weeks immediately previous to his admission. Mitt. Sanguis ad $\frac{3}{4}$ xvi.—Solut. Antim.—Fotus.—Catapl.

22nd.—Repet. venæsectio ut antea.

26th.—Pain excessive; the ulcer had made so great progress that the glans appeared as if it was about to separate from the body of the penis. Pulse 120. His mouth was still affected by mercury. Mitt. Sanguis ad ζ xvi.

July 3d. Pain and irritation severe, no rest. He was directed to take every sixth hour a pill containing four grains of the extract of cicuta, with one of opium, and sixteen ounces of blood were taken from his arm.

After this, the pain was considerably reduced, and the ulcer assumed a less irritable appearance. The irritation, however, was still considerable, and appeared to me to be excited by that portion of the prepuce which I have already described as forming a useless mass behind the glans. This tumour I removed on the 28th of July with the knife, and all irritation afterwards ceased. The amendment was now decided and progressive, and the glans, which appeared in so dangerous a state, was preserved, but the ulcer had burrowed under the skin of the penis to a considerable extent.

On the 1st of September he was affected with several tubercles on his legs and thighs, similar to those delineated in Plate I. fig. 4, 5, 6. These afterwards spread into deep foul ulcers with overhanging edges.

When the tubercles appeared, he was put on the use of nitrous acid, in which he persevered until the latter end of October, when all the ulcers having perfectly healed, he was discharged the hospital.

Case 35.—John Molloy, admitted December 7th, 1815, with phymosis. Ulcers of phagedenic appearance on the prepuce and surrounding its orifice—pain and swelling of the left knee. He had been disordered three months, and stated that he had not used mercury. Solut. Antim.—Fotus.—Catapl.

Jan. 20th.—Ulcers improved; but he complained of pains in his different joints. Lot. Hydrarg. Nigra.

February 18th.—The ulcers healed. Pains lessened.

March 3d. Discharged well.

Case 36.—John Haydon admitted March 20th, 1816, with an extensive phagedenic ulcer on the external surface of the prepuce. There was also on the abdomen a constitutional ulcer somewhat larger than a dollar; it exhibited an irregular phagedenic margin, but showed a disposition to heal at the centre. He stated that he was five months disordered, and that he had been severely salivated by pills which he took for six weeks. Solut. Antim.—Decoct. Sarsap.—Fotus.—Catapl.

April 15th.—The ulcer of the penis continued much in the same state, extremely painful and occasionally sloughy. He was ordered a pill every eighth hour containing three grains of extract of cicuta and half a grain of opium.

23d.—The ulcer of the penis considerably improved, that on the abdomen healing rapidly from the centre.

May 13th.—The ulcer on the penis healing, that on the abdomen had healed. Decoct. Sarsap.

June 7th. Discharged well.

Case 37.—Hannah Clarke, admitted May 24th, 1815:—an eruption of ulcers covered with crusts, some flat and others conical, on every part of her body. The largest of these spots was situated on her upper lip, which was nearly covered by a crust similar to that in plate IV. There were also two small aphthous ulcers on the velum.

The only circumstance which could be learned from the confused account which she gave of her complaints was, that she was affected with severe pains in her joints, which left her on the appearance of the eruption.

She was ordered a strong decoction of guaiacum wood with twenty drops of antimonial wine three times a day; under this plan she continued with little variation as long as she remained in the hospital. For some time *her debility was extreme, a circumstance remarked in all the other cases.* At length gradual slow amendment was observable by the falling off of the crusts, which left the parts underneath them perfectly cicatrized.

She was free from all complaints on the 18th of July, but was allowed to remain in the hospital until the 21st of August, partly on account of her emaciation and debility, and partly because I was desirous to ascertain whether any other symptoms of the disease would occur.

Case 38.—Laurence Reynolds, admitted 24th December, 1815, with large ulcers covered with thick crusts, situated on his trunk, legs and thighs. Three or four of those were without crusts, but

with a phagedenic edge. An ulcer extended along the tarsus of the right eye-lid, which was considerably swollen. A large node was situated on the lower end of the left tibia, and he complained of severe pain in his head.

He stated that the primary ulcer on the penis, which occasioned these complaints, occurred so long back as four years before his admission, and was healed under the exhibition of corrosive sublimate;—that an interval of two years took place before any constitutional symptoms appeared, which were similar to those he then laboured under, and for which he was admitted into the Richmond Hospital, where he underwent a full course of mercury, of nine weeks' duration, which removed all his complaints, but that they began to appear again in less than a month after he was discharged; that he was again admitted in the preceding February into the same hospital, where he was kept under the influence of mercury during fourteen weeks, which, a third time apparently cured his complaints, but that in a very short time they re-appeared in the extent and form already described, when he applied to me.

I directed for him the compound decoction of sarsaparilla, and the following pills :

R. Gum. Resin. Guaiaci ζ i.ss.

Pulv. Antim. ζ ss.

Ft. Pilul. xxiv.

Capt. Un. 4a. qq hora.

Repeated blisters were also applied to the node on the tibia, and the discharge from the part promoted by savin ointment.

There was not the slightest variation made in this plan, as long as he remained in the hospital. His amendment proceeded in a gradual and uninterrupted manner, except that a second node appeared on the ulna, to which blisters were also applied. The crusts did not fall from some of the spots until the ulcers were healed, while those that were exposed to view healed in the manner I have so often mentioned, from the centre. On the 15th of February, 1816, he was discharged the hospital well.

Case 39.—In January 1818, I was called upon to see an elderly gentleman on account of an extensive phagedenic ulcer which had committed sad ravages on his glans and prepuce.—They presented an irregular surface either indented with existing ulceration, or the cicatrices of that which had lately healed. His urine passed through an ulcerated opening in the urethra, all the under part of the glans including the urethra being destroyed by the ulcer, which was still gaining ground.

He had frequent desire to pass water, at least every half hour, probably in consequence of the irritation of the extremity of the urethra. There were two or three ulcers covered with crusts on his back and shoulders. He was greatly emaciated, although naturally robust, and was under the influence of mercury:—pulse 112, great thirst, and general symptomatic fever.

He had been six months disordered. During the entire of this period he was using mercury both in the form of pill and ointment, under the direction

of an apothecary, so extensively as to keep up a constant mercurial irritation in the system. His medical guide at length finding himself completely bewildered under the evident failure of his specific, though administered neither sparingly nor remissly, told the patient to desist from its farther use, that the virus was totally *eradicated*, and that nothing more was requisite to his perfect recovery but wine and nourishing diet.

This unfortunate and worn-out gentleman, accordingly began to take a bottle of wine daily, and as much animal food as he could swallow, which it may readily be supposed was not much; but he found his fever and debility, and every complaint that he was assured was eradicated, increasing under this strengthening regimen, till at length he conceived it prudent, late as it was, to seek for advice. It was on this occasion that I was consulted.

I directed him in the first instance to remove from about him every thing tainted with mercury; to get into a tepid bath, to take some opening medicine, a frequent saline draught, and an anodyne at night. The latter was necessary on account of the frequency of passing water, and the general irritability of his frame.—Under this plan, in a few days, one great source of his distress, the frequency of passing water, was removed. His thirst and general fever were, however, very considerable, and the ulcer, though slowly, continued to gain ground. I directed for him the decoction of sarsaparilla with fifteen drops of Antimonial wine three times a day.

On the 28th of January, I removed with the knife

several projecting portions of the edges of the ulcer, which were jagged, and shewed by their livid colour a tendency to slough or ulcerate. The bleeding from the part was then encouraged with warm water. He found it of the greatest advantage, for the pain of the ulcer was that night considerably abated, and the ulcer afterwards gradually improved in appearance. Early in February he was attacked with severe pain and swelling of the knee joint, which increased on the slightest motion. This symptom (one of the most formidable when encountered with mercury) gave way to the application of leeches, twenty of which were applied on two successive days. The knee was also frequently fomented with hot water; and poultices of moistened bread, in the intervals of stuping, were kept to the part. On the 20th Feb. he was so much recovered from this, as well as all his other symptoms, that he was able to walk about his room without pain or inconvenience. The antimonial wine was discontinued for a drachm of powdered sarsaparilla, thrice a-day.

March 1st.—All the ulcers had healed, and his appearance, strength, and appetite greatly improved. From this period he went abroad daily, and soon regained his former robust health and appearance. However he was not yet exempt from disease, for on the 25th of April, he called to show me an ulcer, of foul appearance, about the size of a sixpence, which had appeared on his chin. I directed him again to recur to the powder and decoction of sarsaparilla. This, however, he neglected to do,

thinking that the ulcer would spontaneously heal; but he again applied to me on the 9th of May, at which time it had extended to the size of a shilling, was deep and foul, and the entire jaw swelled and inflamed. I directed him to poultice it with bread and water, and renewed my injunctions as to the sarsaparilla. On the 1st of June the ulcer was perfectly healed, and he has since had no return of his complaints.

Case 40.—John Murray, admitted June 1st, 1818, with a phagedenic ulcer of the glans and internal surface of the prepuce, the entire margin of which had been destroyed by the ulceration. The penis was greatly inflamed and swollen; he complained of the most severe pain, which was sufficiently indicated by the extent of the symptomatic fever under which he laboured. Five weeks previous to his admission the ulcer commenced on the corona, for which he had taken about twenty mercurial pills, which had not affected his mouth. He was ordered the antimonial solution in nauseating doses; the bread and water poultice was applied to the penis, and sixteen ounces of blood were immediately taken from his arm. This depletion was repeated on the 2d, 5th, 7th, and 12th of the same month. The blood was buffy on these several occasions, and each venæsection was succeeded by an alleviation of pain, and diminution of symptomatic fever: but every recurrence of acute pain, according to my views, indicated the necessity of using the lancet.

Under these active measures the pain and inflammation were at length reduced, and the ulcer be-

gan to put on a more favourable appearance; but he, at the same time, began to complain of difficulty of swallowing, and a deep excavated ulcer discovered itself upon each tonsil.

On the 15th, I directed decoction of sarsaparilla, and the black mercurial wash to the ulcer.

On the 22d, he took the powder of sarsaparilla with the decoction, in place of the antimonial solution. Under this plan the ulcers of his throat were perfectly healed on the 7th of July, and the ulcer of the penis exhibited the appearance of a mild, healing, granulating sore, which healed before the 20th of July.

Case 41.—J. Buckley, admitted January 13th, 1822, on account of phymosis and violent inflammation of the entire penis, profuse discharge from under the prepuce, pulse rapid, with thirst and restlessness. He had also four or five pustular spots on his left arm.

Mitt. sanguis ad. \bar{z} xx.—Solut. Antim.—Catapl. He was directed to inject warm water frequently between the prepuce and glans.

14th.—The venæsection was repeated.

15th.—The inflammation of the penis was lessened, but an ulcer was discovered on the left tonsil, and the spots on the arm were becoming crusted.

Decoct. Sarsap. cum Acido Nitrico.

18th.—The inflammation was so far reduced as to admit of the retraction of the prepuce, when an ulcer of the phagedenic character was discovered on the glans. Pustular spots had appeared on his head, face, and thighs; the crusts of those on his

arm had assumed the conical limpet-shell appearance.

Decoct. Sarsap. cum Acido Nitrico, ut antea.

Pulv. Ipecac. Comp. gr. xv. o. n.

Feb. 12th.—The ulcer of the penis had healed, leaving a deep indented cicatrix; several of the conical crusts had fallen off, disclosing the surface underneath healed, but red. The ulcer of the throat had been healed for some days.

April 1st.—Discharged well.

We had ceased to take notes in the hospital in consequence of there being so little necessity to vary the treatment; that which I have detailed succeeding in every instance. However, during the winter of 1823-4, while I was employed in giving clinical lectures to the hospital class, the two following cases of phagedenic disease were admitted; and as they excited considerable interest among the pupils, many of whom, educated by masters of the old school, insisted that the cases never could recover without the aid of mercury, I had them noted by Mr. Belton, my resident pupil in the hospital, now a licentiate of the College of Surgeons, and the notes were read on lecture-days while the patients were under the scrutinizing eyes of the mercurialists as well as the non-mercurialists of the class.

The following is the statement of these cases taken from the case-book, but somewhat abbreviated.

Case 42.—Edward Brennan, aged 25, admitted the 20th of November, 1823, on account of the following symptoms. An extensive phagedenic ulcer with irregular edges, and partly covered with

sloughs, engaged the right side of the glans, and extending underneath half round the penis, had made an opening into the urethra, through which all his urine passed. The orifice of the urethra was engaged in this extensive ulcer. There was also a painful ulcerated bubo in his right groin. There were numerous spots covered with thick crusts, situated on his arms, thighs, and scalp, and also a foul and extensive ulcer covered with white slimy matter, engaging one-half of the lower lip, which, from the frequent motion of the part, excited much pain and uneasiness. He looked pale, worn out and emaciated, and stated that eight months previous to his admission, a small ulcer had appeared on the glans, which was followed by a bubo in each groin which suppurated, that he put himself under the care of some person (God knows whom!) that recommended him to take mercurial pills, which he continued to take off and on for six months, omitting them whenever he became salivated. The ulcer never healed during this long period, but at length feeling himself getting daily weaker, and affected at night by profuse perspirations and pains of his limbs, he was induced to apply for admission into the Richmond Hospital.

I ordered for him decoction of sarsaparilla and a pill containing three grains of the powdered leaves of cicuta, thrice a day; the ulcer of the penis was dressed morning and evening with lint dipped in equal parts of balsam copaivæ and olive oil, with the view of promoting the separation of the sloughs, which covered the greater part of its surface. The

ulcer of the lip, which was exceedingly irritable, was covered with a poultice of bread and water.

November 27th.—The ulcer of the penis was extending, and had become more painful; that of the lip stationary. The pills of cicuta were repeated with the addition of a grain and a half of the watery extract of opium to each pill. In other respects he was desired to go on as before.

30th.—The appearance of the ulcer more favourable—pain abated.

Dec. 6th.—The ulcers of the penis and lip much improved, the former only painful when irritated by the passage of urine.

Pulv. Ipecac. Comp. gr. xii. o. n.—Decoct. Sarsap.—Omitt. Pilulæ ex Cicuta et Opio.

18th.—The ulcer of the lip healed—that of the penis looking healthy was dressed with simple ointment—the crusts were gradually falling off from the spots on his skin, leaving red marks, and his general appearance had improved. He was however detained in the hospital until his general health was restored, and was discharged well on the 15th of January following.

Case 43.—Thomas Maher, aged 26, admitted 20th January, 1824, on account of a small irritable ulcer, covered with white adhesive matter, situated at the orifice of the urethra—an ulcerated bubo on the right groin—a deep excavated ulcer on each tonsil—another, half-covered with a thick crust, on the skin of the left eye-lid and superciliary arch, and a large foul ulcer nearly the size of the palm of the hand, with a phagedenic margin, was situated

on the side of each of his legs. He exhibited a pale squalid countenance and an emaciated frame.

Three months before his admission he had perceived the ulcer on the penis; for this he took mercury extensively, and while under its influence the other symptoms detailed made their appearance.

He was now ordered decoction of sarsaparilla, ten grains of Dover's powder at night, and the frequent use of fumigations of the sulphuret of mercury to the ulcers of his throat. Those of his legs were poulticed.

23d.—The ulcers were extending; he was ordered, in addition to his other medicines, five grains of the Ext. of Cicuta every sixth hour.

Feb. 10th. The ulcers were granulating and looking healthy, and on the first of April he was discharged the hospital well.

The following case is given for the purpose of exemplifying the usual fatal termination of venereal ulceration of the larynx.

Case 44.—Terence Clarke was admitted July 31st, 1815, into the Richmond Hospital. The entire pharynx, as far as could be seen, was engaged in an extensive ulceration, which had destroyed the uvula and a great portion of the velum. If the following account, which he gave of his complaints be credited, the warmest advocates for mercury must allow that the remedy had at least an ample trial. He stated that four years previous to his application to me, he had a large ulcer on the prepuce,

which healed with difficulty under a full course of mercury of two months duration; that eight months afterwards, his throat became affected, and nodes, which ulcerated, appeared on his shins; that for these complaints he was admitted into the Lock Hospital in the winter of 1813, where he remained twenty-one weeks, and underwent two protracted and severe courses of mercury, but without any decided results, as his throat was ulcerated at the time he was discharged.

That after he left the hospital his throat at first improved, but a few months afterwards becoming as bad as before, he was re-admitted into the same hospital. On this occasion he fell under the care of different surgeons, who put him under a course of mercury again; but which rendering his complaints worse, was very properly discontinued, and sarsaparilla directed, under the use of which the ulcer healed, and he was discharged a second time, after remaining in the hospital fourteen weeks; that scarcely two months after his discharge his throat again became ulcerated, he was admitted a third time into the same hospital, under the care of a third surgeon, who probably not regarding the former failures of the *specific*, doomed him to undergo another severe course of fourteen weeks duration, which a naturally robust constitution enabled him to endure, and that he was discharged the hospital in July, 1814, the ulcer of his throat remaining nearly in the same state as at his admission; finally, he stated that the ulcer afterwards spontaneously healed, and that it occasionally ulcerated and heal-

ed of itself, but becoming more obstinate, he was induced again to seek admission into a hospital under my care.

At this time his swallowing was extremely difficult. I judge that the ulcer extended a considerable way down the œsophagus, as he complained of severe pain extending from the larynx as far as the sternum. He could only swallow liquids, and the greater part of these regurgitated into the nares. Although in similar cases, I had immediately checked the progress of the ulcer by mercurial fumigations, and the internal use of that medicine, yet its failure in the many trials to which this patient had been subjected, induced me to recur to other measures. As I had seen similar ulcers which resisted mercury, give way to nitrous acid, I determined to try that medicine, diluted to such a degree as would enable him to swallow it. I also directed that the ulcer should be touched thrice or four times daily with the oxymel æruginis, and that a seton should be inserted in his neck. Under this plan amendment immediately followed, and this extensive ulcer as far as it could be seen, was healed before the 9th of September; but his voice had assumed that whispering sound which denotes an affection of the larynx, and the bones of his nose had evidently become affected, for there was an offensive discharge through the nares, along with which several small pieces of bone had come away. Under these circumstances I deemed it warrantable to make a trial of the internal exhibition of the muriate of mercury conjoined with sarsaparilla, but it was not produc-

tive of any beneficial change ; it was therefore, after a trial of three weeks, discontinued for a pill containing half a grain of calomel with five grains of extract of cicuta thrice a day. But this was as unavailing as the former, for the discharge from his nose became more offensive, and more bony exfoliations came away. His breathing became quick and evidently impeded ; he complained of pain in the larynx, expectorated a great quantity of slimy matter—had a teasing incessant cough—his countenance betrayed great anxiety, and his pulse was from 110 to 120—at the same time also his throat again began to shew signs of ulceration, and two scabby spots appeared, one on the left ala nasi, and the other on the chin. Under these circumstances, about the middle of October I discontinued the mercury, and put him on the compound decoction of sarsaparilla. Counter-irritation by means of blisters was kept up for some time on the exterior larynx, which he always pointed out as the chief seat of his distress, and irritation was lessened by opiates.

If the larynx had not been affected, in all probability, he would have recovered under the use of sarsaparilla ; for the foul discharge and exfoliation from the nostrils ceased, the ulcer of his throat healed, as did also the scabby ulcer under his nose and chin, the process beginning from the centre of each, a circumstance which marked the phagedenic nature of his disease. But while these favourable circumstances were going forward, cough, dyspnœa, increased expectoration, hectic fever, emaciation, and œdema of the legs gradually set in, and evi-

dently evinced that he was affected with incurable phthisis. He lingered, however, till the 15th of September, 1816.

I had not an opportunity of examining the body afterwards, but I have been present at the examination of several cases precisely similar, in which the cartilages and other parts were extensively destroyed by the effects of ulceration.

Cases exemplifying the plan of treatment recommended where the nares are affected.

Case 45.—Peter Murtough, admitted June 7th, 1816. A large ulcer with undermined edges, was situated on the right tibia—foul discharge from the nares, and ulceration appeared on the vomer. He also complained of severe pain in one of his knees.

He stated that a year before, he had an ulcer on the penis, the cicatrix of which, on examination, was found to be extensive. For this he underwent three courses of mercury, by each of which he was severely salivated. The ulcer on the leg appeared from its undermined edges, and burrowing disposition, to resemble those which I had observed to arise from the large species of tubercle, and which in most instances, yielded to the use of nitrous acid. I therefore directed that medicine in the present instance; under the exhibition of which his complaints steadily and progressively amended, and he was discharged well on the 22d of July, 1816.

Case 46.—John Martin, admitted May 6th, 1818: Extensive ulceration of the fauces—the velum and

uvula were already destroyed—the ulcer was creeping forwards on the palate, and both tonsils, as well as the posterior pharynx as far as could be seen, were in an ulcerated state. The cartilage of his nose was sunk inwards—his voice was nasal—there was an offensive discharge from the nostrils, with occasional exfoliation of small pieces of bone, and he had profuse ptyalism, probably owing to the irritation of the ulcer of his throat. The pupils of the hospital who accompanied me through the wards, on the day of this man's admission, will recollect (as the case was of recent occurrence)* that on examining his throat, I stated my belief that the disease originated from a primary phagedenic ulcer, and that such an opinion would be strengthened, if we found an extensive cicatrix on the penis, or considerable loss of its substance. On examination, we found that the entire penis had been destroyed, and the history of the case strongly confirmed the opinion I had given of the nature of his disease.

When we have any doubts on this subject, an attention to the cicatrix of the primary ulcer will assist our diagnosis; for true chancre, and the other species of primary ulcers, *except where inflammation and gangrene have been excited*, seldom cause any very extensive cicatrix, and the loss of substance, if any, is inconsiderable. The history he gave of his complaints is briefly as follows.

Nineteen months previous to this period, he had

* This case is re-published verbatim from my work on the Symptoms and Specific Distinctions of Venereal Diseases, published in 1818.

an ulcer on the prepuce, for which he was admitted into Stephens's hospital, where he was put on a course of mercurial friction, but as soon as he became salivated, the ulcer began to spread. That medicine was therefore discontinued for a time, but as soon as his mouth was well, it was again renewed, and he was put through a smart mercurial course, during which the ulcer gradually gained ground, until it destroyed the entire penis, and then its ravages ceased, and it began to heal. When the mercury was laid aside, he was successively ordered sarsaparilla, cicuta, and nitrous acid. About the beginning of the present year (1818) the ulcer of his throat appeared. He was altogether eighteen months in the hospital alluded to, and left it with the view of going to the country, three weeks before his admission into the Richmond hospital.

I ordered for him the antimonial solution, conjoined with the decoction of sarsaparilla, thrice a day, and directed that the entire ulcer should be touched morning and evening with the oxymel æruginis.

On the 11th, the ptyalism had ceased, and his swallowing was improved. The antimonial solution was discontinued for a drachm of powdered sarsaparilla thrice a day. 19th. There was a perceptible amendment in the ulcer, and on the 29th, it was rapidly healing.

June 8th.—The entire ulcer was healed, except two or three spots the size of a pea, which was covered with yellow adhesive matter; these spots were touched frequently with a solution of nitrate

of silver, in the proportion of three grains to an ounce. The oxymel æruginis was discontinued.

22d.—Only one ulcerated spot the size of a pea remained; the offensive discharge from the nose had totally ceased.

26th.—His throat was completely well, and having no complaints, he was anxious to leave the hospital, but by my desire he remained another week, and was discharged on the 2d of July.

Case 47.—Thomas Farrell, admitted March 10th, 1814, was affected with soreness and enlargement of the ossa nasi, a purulent discharge from the nostrils, and a separation and sinking of the cartilage of the nose. An extensive granulating sore with raised edges, and surrounded by discoloured integuments, was situated on his right arm; and on the lower part of the left tibia there was a large node. He complained of pains in his head, knees, and shoulders, and difficulty of swallowing. On examination, I found the pharynx raw and inflamed, but there was not any appearance of ulceration.

He stated that he was near two years disordered; the first symptom was an ulcer on the prepuce, which healed under the internal use of the muriate of mercury. The next symptoms that occurred were ulcers under his knee, and an eruption on his body, which disappeared also under the use of mercury, but again recurred. The node and affection of his nose appeared three months before his admission, and from the commencement of the disease, he was constantly using mercury under the direction of different surgeons; almost every one of whom subjected him to mercurial frictions.

I directed him to take fifteen grains of the compound powder of ipecacuanha, morning and evening, and the decoction of sarsaparilla; but on the 14th, none of his symptoms being relieved, I ordered him to discontinue the powders, and to take the solution of muriate of mercury with the decoction.

22d.—The pain of his head was alleviated; that of his knees and shoulders completely removed; and he was in every respect better. He continued the same plan as long as he remained in the hospital, from whence he was discharged well on the 11th of April.

I have not among the preceding cases detailed any instance of the good effects of fumigating the nares with mercurial preparations, as recommended for venereal ulcerations of this part, for it so happened, that there were not any cases noted in which this measure was employed.

In almost every instance of the constitutional symptoms of the phagedenic disease detailed, mercury had been previously employed, and under every consideration of the circumstance, to an unwarrantable extent. The early use of this remedy as has been stated, not only rendered the disease more difficult of cure, but more liable to relapse after the patient had apparently recovered. So that a just estimate can scarcely be formed of the benefits of the plan of treatment recommended in the cases I have adduced. For so general is the employment of mercury in this, as well as in every other species of venereal complaint, that it is but seldom we

meet with an instance in which it has not been exhibited. If, however, we are fortunate enough to light upon a case in which the use of mercury has not been adopted, we find the disease less complicated, less tedious, more uniform in its symptoms, and by far more easily cured.

Affections of the bones of the nose I have found to occur in several instances, while the primary symptoms, an ulcer of the phagedenic species, was still present, and I am inclined to believe that this common, but most dreaded effect of a venereal virus, is the characteristic constitutional symptom of the ulcers under consideration.

It was with no small degree of satisfaction that I perused Mr. Ferguson's "Observations on the Venereal Disease in Portugal, as affecting the British soldiery and natives,"* published in 1813; as I conceive his statement of the progress of the symptoms, and the manner in which they were affected by mercury, together with the treatment found most applicable, strengthen the opinions I have offered on the nature of the phagedenic and sloughing ulcers. 'Tis true, he no where designates the primary venereal ulcers of Portugal by these terms; nor could it be expected that he should, as he evidently seems to be of the general opinion, that all venereal maladies spring from one common poison, the syphilitic. But I am inclined to believe, that the phagedenic and sloughing ulcers are far more general in Portugal than in these countries; and

* See Medico-Chirurgical Transactions, Vol. IV.

that their constitutional symptoms were actually the subject of Mr. Ferguson's observations. I ground my opinion on the following reasons, chiefly deduced from his own paper. The frequent melancholy mutilations which occurred among our soldiers, could only have arisen from the ravages of the phagedenic and sloughing ulcers; and not from the slow progress of a true syphilitic chancre, which would not probably have been checked by the mercury, which at this period was, in every instance of venereal infection, resorted to by the surgeons of our army. Besides the name which the venereal disease in Portugal acquired among the British soldiery, *the Black-Pox*, reminds us of the most remarkable character of the sloughing ulcer. In the next place, the appearance of secondary symptoms, while the patient was strongly under the influence of mercury; and lastly, the manner in which the disease was treated by the native practitioners; viz. by local applications, decoctions of the woods, and the exhibition of an insignificant quantity of mercury, when the disease attacked the bones.

Mr. Ferguson, after stating a variety of interesting particulars of the venereal disease of Portugal, which one and all reminded me of the symptoms and progress of the phagedenic and sloughing ulcers, comes to the following conclusion, which equally applies to those maladies as known in this country.

1. "That the disease, in its primary state, is curable in Portugal without mercury.

2. "That the antisymphilitic woods, combined with

sudorifics, are an adequate remedy for constitutional symptoms; the quantity of mercury being always insignificant, and often altogether omitted; or,

3. "That the virulence of the disease has become so much mitigated by reason of general and inadequately resisted diffusion, or other causes, that, after running a certain (commonly a mild) course, through the respective orders of parts, according to the known laws of its progress, it exhausts itself, and ceases spontaneously."

As to his last deduction, we have to regret, that the constant interruption to the progress of the disease, by means of mercury, has, in these countries, prevented us from witnessing the gradual decline and exhaustion of the virus, as it seems is the case among the natives of Portugal: and there are strong grounds for believing, that the ravages which the venereal disease of that country committed on the British troops, arose not so much from the inflammatory disposition manifested in the constitution of the inhabitants of colder climates, on their arrival in a warmer, as from the indiscreet exhibition of mercury: a medicine from which Mr. Ferguson informs us, the "native practitioners religiously abstain, considering it with horror, as one of the poisons which foreigners madly wield."

Among several instances which came under my observation of the malignity of the venereal disease of Portugal, and the inadequacy of mercury for its removal, the following was the most remarkable:

Case 48.—On the 9th of April, 1814, I was consulted by a young officer, who three years before had

received a venereal complaint in Lisbon, which had produced the following catalogue of melancholy mutilations. The septum, alæ, and cartilage of his nose had been destroyed by ulceration, leaving a wide extended opening into the nares. It had ceased to extend, and was nearly healed, but it still produced an offensive discharge. There was also an ulcer of the left leg, extending from the ham to the heel; the upper part was granulating, the lower foul and phagedenic: the calf of his leg had been entirely destroyed by the ulcer; and his leg was contracted into a permanent semiflex position.

He stated that the first symptom of his disorder was an ulcer, which, on examination, I found had destroyed the glans, and great part of the body of the penis. For this complaint, the surgeon of his regiment put him on a course of mercury, which he stated was of no service to his complaints; and that the ulcer extended rapidly, and by sloughs, under its influence;—that in a few months afterwards an eruption of what he described as pustules, appeared on his back—the ulcer of his leg followed, hard bumps rose on his cranium, and the bones of his nose became affected—that the ulcer of the penis healed and the bumps on the cranium disappeared under the use of nitrous acid—that he afterwards came to England, where he remained near two years, and underwent several severe courses of mercury by inunction. In short, that from the commencement of his disease, to the period of his application to me, he was under the almost incessant action of that medicine. His gums were all de-

stroyed by the repeated salivations he had undergone; and he was at the time he applied to me under its influence.

A stronger instance than this, of the inefficacy and injurious consequences of mercury cannot be adduced. I sent him to the country, where his family resided, with little else than directions respecting his diet; to abstain from mercury; and to take the compound decoction of sarsaparilla and antimonials. Some time afterwards I heard that his health had considerably improved, but I never had the satisfaction of ascertaining whether his recovery was completed.

When my first edition appeared, so many daring and novel doctrines, contrary to the received opinions of the day, drew upon me, of course, the severest animadversions of my contemporaries. These I was prepared to meet in silence, until time should bring to the test the views I submitted to the public. A critic, however, appeared shortly after the publication, in the *Edinburgh Medical and Surgical Journal*, for July, 1815, written with so much asperity and unfairness, that I felt myself called upon to relinquish my intended silence; not so much with the view of replying to my Reviewer's objections, which consisted chiefly of idle and dogmatical assertions, without proof or foundation, as to set the public right with respect to passages garbled or intentionally misunderstood and misrepresented. From the general tenor of the paper in question, I suspected the quarter from whence it came, and the object for which it was written.

These suspicions have been since fully confirmed; and I am, probably, better acquainted than the Editor of the Review himself, with the persons who were engaged in the production of an article, which, to say the least of it, certainly did not add to the character of that most respectable Journal.

From my own personal knowledge of the Editor, as well as the character he bears with the world, I am certain that he would never intentionally make his Journal the vehicle of a rancorous attack upon any individual, for the purpose of maintaining another in the elevated situation in which his opinions (at that time generally received with respect to venereal complaints) had placed him, and which that other must have regarded as a despicable tissue of acrimony, delusion, and sycophancy. But I shall merely refer to my Reply, which appeared in the same Journal for October, 1815, and shall leave the critic without further notice, as an additional record to the many which already exist, of the usual means to which interested and prejudiced individuals resort to oppose the progress of truth. I shall occupy the time of my reader much better, by a consideration of the fair, manly, and scrutinizing observations of Mr. Guthrie, who sees with the skilful eye of an experienced veteran, the weaker points of his opponent, and fairly grapples with the subject without changing its nature in order to insure an easy victory over an enemy of his own creation.* In replying to Mr. Guthrie's objections,

* Mr. Guthrie's "Observations, &c." have been republished in America; for which, see *Eclectic Repertory*, vol. viii. p. 321.

I conceive that I answer all that has been urged of any weight against the opinions I espouse; I cannot, however, enter into an examination of his remarks, without first testifying my sense of the candid, polite and creditable manner in which he has discussed the subject, the gratification I feel, that the particulars are so few in which we differ from each other, and my regret that there is a point, however unimportant, in which we are not agreed. But it is satisfactory to find that his objections do not lie against the practice I recommend, but almost exclusively against the doctrine of the plurality of venereal poisons, which I have been led by the strongest reasons to adopt.

But convinced as I am, by a vast multiplicity of evidence, of the truth of this opinion, yet so little do I value it in comparison of the practical results to which it led me, that throughout my work, I adverted but little to this part of my subject, and confined myself altogether to points of practice, except so far as it was necessary to the explanation of my mode of discriminating the dangerous and malignant species of venereal diseases from the more mild and manageable. Indeed, my most strenuous endeavours, and I thought they could scarcely be mistaken, were directed to convince surgeons of the necessity of paying more attention than was customary, to the distinctive characters and appearances of both primary and constitutional symptoms in venereal complaints.

I had satisfied myself that our diagnosis and mode of treatment ought to be regulated in a great mea-

sure by those very characters and appearances, no matter whether we consider them as arising from one poison, or from many, or whether they are owing to peculiarities of constitution, or to those causes assigned by Mr. Guthrie, in his "Remarks," when he says, "I am, then, for the present, disposed to refrain from believing in a plurality of morbid poisons, each invariably producing a disease of one distinct character, or of one specific poison modified by the powers of the constitution, or of the part; *but rather to place reliance in the combined opinion of different morbid poisons (to use the common term) being generated, in different people, and stages and states of the disease, under circumstances which I no more understand than others do of the nature of the syphilitic poison itself.*"

Whether the views of this enlightened surgeon will serve to remove the obscurity with which this perplexing subject is enveloped, and better explain than any thing hitherto offered, the numerous symptoms and appearances which venereal complaints display, I leave to the judgment of the reader, and shall altogether refrain from making any observations upon them. But, in truth, the question will scarcely be allowed to be decided, until the institution of an enlarged scale of experiments by inoculation; which, as I have observed in my last Essay,* "it is not to be expected any man will be so public spirited as to submit to himself, or so unreasonable as to inflict upon others." The utility of experi-

* "Observations on the Symptoms and Specific Distinctions of the Venereal Disease." 1818.

ments by inoculation has, since this observation was made, been sufficiently proved by those instituted by Mr. Evans, and referred to in my third chapter. My reasons for espousing the opinion of a plurality of venereal poisons are given at large in my first chapter, which it would be unpardonable here to repeat.

In my publication I have detailed a number of cases of the primary phagedenic ulcer, which were all attended (two cases excepted) with a similar eruption; viz. by tubercles, or spots of a pustular tendency, which degenerated into obstinate ulcers. In the two exceptions alluded to, the eruption was papular; and I am inclined to conjecture that the primary ulcers from which it arose, were not originally phagedenic, but became so through irritation or improper management.

From various passages in Mr. Guthrie's remarks, I collect, that he is of opinion that there is no such ulcer as a primary venereal phagedena; and that all ulcers of this description are originally mild, and become afterwards phagedenic, through causes with which we are at present unacquainted. But once they become phagedenic, he believes they affect the constitution in such a way as to produce the train of constitutional symptoms I have described as appertaining to the phagedenic venereal ulcer. I trust this is a faithful though concise account of his opinions, as it would render this paper too long to transcribe the passages from which I collect it.

In support of his views and in opposition to mine, Mr. Guthrie, in the first place, assures us that he

has frequently seen those constitutional symptoms which I had attributed to the phagedenic primary ulcer, succeeding primary ulcers which were originally of a mild nature, and which afterwards became phagedenic; and in the next he argues, that the slowness of the progress of the ulcer in many of the cases which I have detailed, sufficiently evinces that they could not in their origin have been phagedenic.

Against Mr. Guthrie's own experience I can have nothing to object, and the point must remain at issue between us, to be determined by future observations; but I cannot admit the accuracy of his views, when he describes the phagedenic ulcer as always necessarily rapid in its progress, for I can aver, (and I am confident that I am not singular in this respect,) that I have frequently witnessed the existence of this ulcer during four, six, or eight months, or even longer, creeping slowly from one part to another, alternately healing and ulcerating, and leaving deep furrows, yet without destroying, as it more usually does, the parts it attacks. Anomalous, therefore, as it appears, we may readily conceive why the opera dancer at Lisbon, mentioned by Dr. Ferguson, should infect many of her paramours with a malignant disease, without being herself under the necessity of discontinuing the public practice of her profession.

"Referring to my first edition," Mr. Guthrie observes, "we have a sketch of the progress of the phagedenic ulcer; but we do not find any description of that ulcer from the commencement of ulcerated absorption, as we do of the sloughing ulcer from

the commencement of the sloughing process. Neither is one given in the second book; so that we are left in doubt whether his specific phagedena begins as such, or whether it assumes that character after a certain lapse of time. If the former be the fact, it adds strength to my objections to his cases; if the latter, it is necessary we should be informed of the precise period required for the specific character to show itself." In answer to this observation, I must acknowledge that it has not been my good fortune to see a phagedenic ulcer at an earlier period than perhaps the second or third week after its commencement, and therefore I cannot aver, from my own experience, whether it presents the precise phagedenic character *ab initio*.* But I have happened to witness in one instance, the very commencement of the sloughing ulcer, the particulars of which are reprinted in *Case 21*, of this edition, and are alluded to by Mr. Guthrie in his Remarks.

The gentleman affected with it, who was an intimate friend, shewed it to me a few minutes after his own attention had been solicited to the part; and at this time it exhibited the appearance of a black mortified speck, not larger than a grain of shot. From this small beginning, it went on, alternately sloughing and ulcerating with a phagedenic edge, until it destroyed the greater part of the prepuce and a portion of the glans.

After it had existed a few days, it did not differ

* See the commencement of the 5th chapter, where the characters of the phagedenic ulcer are considered.

in appearance from the numerous advanced sloughing ulcers I had seen and treated in the wards of the Dublin Lock Hospital; so that I think Mr. Guthrie must have been under some misapprehension, when he made the following observation:—"I honestly declare, I cannot recollect more than two cases any way resembling it having occurred to me, out of several thousand instances; I do not believe that the proportion of such cases is greater than one in five thousand."—Mr. G., in making this observation, must mean to confine himself to the commencement of the ulcer; and I do not marvel he has seen but two instances—I have seen but one; and I scarcely expect to see another, as it excites so little sensation, not to say pain, at this stage, that it may even escape the observation of the patient himself.

It seems Mr. Guthrie and I are agreed with respect to the treatment of the phagedenic ulcer, and of the formidable train of secondary symptoms I have stated to arise from it; and he even refers to cases (See p. 329 and 330 of his remarks) in which he witnessed the primary phagedenic ulcer and its secondary symptoms, as I have described them, both existing together in the same patients. But he conceives I am wrong in attributing these secondary symptoms exclusively to the phagedenic primary ulcer. His words are, "I can bring dozens of well substantiated cases, in which the ulcers were at first without any sloughing and phagedenic characters for a considerable time, yet subsequently assumed them, *and were followed by the secondary symp.*

toms which Mr. C. considers as the true constitutional ones of specific venereal phagedena."

It would be presumption in me to maintain, that the constitutional symptoms I have detailed as appertaining to the phagedenic ulcer, can never arise from any other form of primary ulcer; all that I have stated is the fruit of my experience, and that enables me to affirm, that in every instance in which I had an opportunity of tracing the constitutional symptoms in question to their primary ulcer, *that* ulcer always exhibited the phagedenic character—Mr. Guthrie brings forward his own experience in support of the contrary opinion; but acknowledges that the ulcers he refers to afterwards became phagedenic. I give him full credit for his assertions, and am certain the investigation of this intricate subject cannot be in better hands. But it is probable there is less difference of opinion on this head between us than he is inclined to imagine. He will, at least, do me the justice to allow that my cases are detailed with candour, since he has found in them wherewithal to assail the very opinions I grounded upon them; for so far from arranging them in support of a preconceived theory, I made no attempts at generalization until the cases were completed, and the circumstances they contained were carefully examined and compared with each other. But so solicitous was I in noting those cases, that if I entertained any doubts with respect to the nature of an ulcer, I endeavoured to convey my own uncertainty in the language in which I described it. Thus, in my last Essay, in *Cases 23, 29, and 32, the*

primary ulcers, which were followed by the phagedenic constitutional symptoms, are cautiously described in the following words:—The first is “a small ulcer of foul appearance and phagedenic *character*, on one of the labia.” The second, “a small foul ulcer *inclining* to phagedena.—The third, an ulcer about the size of a sixpence, exhibiting a white *sloughy* appearance, was situated on the body of the penis; the integuments of which were *undermined* to some little extent.”

In all the other cases, where no doubt could exist with respect to the nature of the ulcer, it was, without circumlocution, termed a phagedenic ulcer. The doubtful ulcers were, I well recollect, covered with a *white tenacious adherent matter*; and after a time, *evinced a disposition to burrow*, with a phagedenic border, which, together with the constitutional symptoms that attend them, induced me to class them with the phagedenic. Perhaps, indeed, I was guilty of some remissness in not pointing my reader's attention to the language I employed in those different descriptions.

Under these circumstances, it is not improbable but that the cases which came under Mr. Guthrie's observation were of this nature; and it would be highly advantageous if he, as well as all future enquirers, would attend particularly to the characters of such primary ulcers as are followed by the constitutional symptoms, which I have, without circumlocution, termed phagedenic. It has been denied, that these constitutional symptoms exclusively originate from a phagedenic ulcer, but whatever may

be the primary ulcer from which they arise, they indicate *to the practitioner* the most obstinate and dangerous of venereal diseases—one in which full courses of mercury are most decidedly injurious; but which is often benefited by the alterative plan: but even this I would postpone (except the safety of some important part was threatened) until the disease was evidently *on the wane*.

A few other objections still remain to be answered. Mr. G. observes, "In the first work we find, that the tubercular eruption is considered as a distinct constitutional symptom, and arranged as the fourth in order, and he was then disposed to attribute it to the burrowing ulcer. In the second work we find he distinctly classes the pustular and tubercular eruptions under one head, and refers them to the phagedenic and sloughing ulcer." My answer to this is very simple, and may be very brief. My experience was not stationary and opportunities occurred of seeing pustules and tubercles in the very same patients, who were affected with primary phagedenic ulcers; add to this, that I had sufficient reason to consider the burrowing and phagedenic ulcers as the same species of complaint, because these ulcerations are very similar, and they produce the same constitutional symptoms. From another passage in the same page I collect, that Mr. G. conceives I am guilty of the inconsistency of overturning my own doctrine by the detail of cases of the spontaneous origin of tubercles in deranged constitutions, where there was no reason to suspect the communication of any morbid poison.

That tubercles which terminate in ulcers, are produced by morbid poisons, and that they also occur simply in deranged constitutions, where no morbid poison has been imbibed, cannot, at present, be denied; though to account for the anomaly will not be so easy a task. But I do not see how I have overturned my own opinions in detailing these facts—as well might it be argued, that buboes do not arise from a venereal poison, because they sometimes originate in other causes.

To his arguments in support of the same objection, derived from an eruption both papular and pustular, existing at the same time, (p. 337 of Mr. G.'s Remarks) I answer that the eruption adverted to by Mr. G. consisted of ulcers covered with thick crusts and pustules intermingled with papulæ. The character of the eruption was, however, obviously pustular, though papulæ were present; precisely in the same manner as the eruption in small-pox is pustular, though papulæ may be intermingled with the full formed pustules.

The case of sloughing ulcer, with constitutional ulcers, which I stated in my first publication as healing from their margins, is also urged against me in the same page, in corroboration of the same objection. It is true, I have pointed out as one of the distinctive marks of the constitutional ulcers of the phagedenic disease, their healing from their centre, and not from their margins. A peculiar character, which I had so often observed in the secondary ulcers that arise from a primary phagedena, that I could not but regard it as a mark of

great practical importance, which designated an obstinate and dangerous disease; but I did not, and do not affirm, that this mode of healing is exclusively attendant upon the constitutional ulcers of a primary phagedena. In that part of my work which treats of the constitutional phagedenic ulcer, I have explained the cause of this mode of healing. From which we may infer, that although it occurs so often in this form of disease, as deservedly to be considered a diagnostic character, yet it may not always be present, for the reasons there stated. My meaning is sufficiently evinced by the following passage in my Synopsis:—"Eruption of tubercles, or spots of a pustular tendency, or both intermixed, preceded by fever, and terminating in ulcers covered with thick crusts, which *often* assume a conical form, healing from their centre, and extending with a phagedenic margin."—But the primary ulcer, in the above instance, might have been originally of my second class—*that* with high edges, which approaches to the phagedenic character, and have become sloughing through irritation; and if so, the constitutional ulcers would naturally heal from their margins. An enquiry of this kind should meet with that candid indulgence which its delicacy requires, while the strictest scrutiny need not be neglected.

"The difference of opinion, (Mr. Guthrie, in concluding his remarks, observes,) which exists between us, does not, I am happy to say, extend to the mode of curing these complaints, except in one instance. In the antiphlogistic treatment of the phagedenic and common sloughing ulcer, I fully

coincide; it is the practice which Dr. Ferguson recommended before Mr. Carmichael wrote, and which I have for some years pursued. I concur with him in the necessity of abstaining from the use of mercury in the earlier stage of the constitutional symptoms, whilst I bear the strongest testimony to its great utility in the latter, when administered with caution.

It is as gratifying to me as to Mr. Guthrie, that in the more material points—those of practice—we are agreed; although he is disposed to give Dr. Ferguson all the credit of this concurrence; still, however, unwillingly, I must, in duty to myself, make some references to dates, which will be found below,* in order to prove that I have not endeavoured to appropriate to myself the discoveries of any man.

The object of Dr. Ferguson's candid and excel-

* The 4th vol. of the *Medico-Chirurgical Transactions*, in which Dr. Ferguson's most interesting paper is inserted, is dated November 24, 1813, and it came to my hands early in 1814. The first part of my work was published in the beginning of January, 1814; but cases are detailed of the successful employment of blood-letting, and the antiphlogistic means in painful ulcers attended with inflammation, which occurred so far back as 1811, 1812, and 1813. (See *Cases* 2, 3, 4, and 5, all of which were Hospital Cases, under the eye of many of the profession.)

The Second Part of the same work begins with my 4th Chapter, and was published in the latter end of 1814. In which it appears that the same treatment, that I had found so useful in inflammatory ulcers, I had also adopted in phagedenic ulcers, which are so generally painful and irritable; and many of these cases so treated occurred in the Lock Hospital so far back as 1811, 1812, and 1813. See particularly *Cases* 48, 51, and 53. Many other cases to the same effect, I detailed in my public lectures on the subject delivered at the Lock Hospital in the winters of 1812 and 1813.

lent paper is to inform us of the practice among the Portuguese surgeons, and of the successful issue of their mode of treatment, in which mercury is so little employed, and not to detail any improvements emanating from himself; and it was with no little satisfaction that, in the second part of my work, I was enabled to resort to his important testimony in support of my own views, at that time standing so much in need of such corroboration.

Mr. Guthrie, I find, differs from me in one point of practice—the use of the lancet in the sloughing ulcer. This difference of opinion is, however, grounded, not on his experience, but, as appears from the passage, p. 339, (where he compares the sloughing ulcer to the gangrenous toes of old people) on theoretical views. The practice I have recommended is supported by a sufficient experience of its utility; for these ulcers spread rapidly under the influence of wine and bark, yet cease their ravages on the occurrence of a spontaneous hæmorrhage from the part, or from the use of the lancet, and the antiphlogistic plan combined with the exhibition of opium or *cicuta*.

But, with respect to the existence of a plurality of poisons, each of which produces primary and secondary symptoms peculiar to itself, there are decisive facts to vindicate my adoption of this much canvassed opinion, and they are these—that in each of the four classes, into which I have divided venereal diseases, I have witnessed the eruption, or other secondary symptoms, immediately succeeding the corresponding ulcer, or other primary symp-

toms, or both existing in the same patient at one and the same time; and in no instance do I attempt to establish a class in which it is not supported on those solid foundations. It is true, in one of those classes (the Pustular Venereal Disease) I have not had the good fortune to witness this conjunction more than half a dozen times. But in all the other classes, the evidence which in this way confirms them, is amply sufficient, and I will add, in two of them superabundant. I trust therefore, that I have perfectly satisfied Mr. Guthrie, that his *objections* to my theory, if theory it can be called, which does not depend on speculation, but on indisputable facts, are *not* sufficient to subvert it; but even if these facts were annihilated it would be to me as it must be to others, a matter of comparative indifference, as long as the practice I have recommended shall be considered as of value. Yet, as a step to that practice, I must acknowledge my obligations to the views I connected with them, and which led me at once to the beneficial measure of rejecting the prevailing prejudice of the medical world, and withholding the use of mercury in the generality of venereal disorders. This mode of treatment, chiefly in consequence of its successful adoption in the army, already prevails to an extent that could scarcely, in so short a period, have been hoped for; and (to give it no other name) the theory which was of such advantage to my labours, may possibly be no longer of any considerable importance, unless, indeed, it shall hereafter be discovered, that each peculiar species of venereal complaint will admit of a

speedier cure by means of a remedy that is less efficacious in those of a different character. But this is now of little moment, since every species of venereal disease can be combated by specified means, and with the fairest hopes of decisive success. Let me not, however, be understood as admitting, that the classification I have introduced (if that classification is miscalled my theory, for theory I have none) having accomplished its purposes, may now be abandoned. Its utility must hereafter be as great as heretofore, in developing and explaining the circumstances of anomalous cases; and may one day be a means of distinguishing those venereal diseases with which we are at present acquainted, from those that may be imported among us from abroad, or which may possibly originate from very different causes, not necessary here to investigate or conjecture.

Without pluming myself, however, upon these considerations, I rest all my credit upon more substantial grounds, the practice to which they gave birth; and particularly the distinctive characters I have established for the more ready discrimination of malignant and destructive disorders from the milder and safer; the appropriate remedies I have experienced as useful, and some of which I was the first to adopt, particularly those extensive depletions which are now found of so much benefit under circumstances of inflammation; the use of antimonial preparations in every form of venereal disease, the free exhibition of medicines of the narcotic tribe in painful phagedenic ulcers; and, lastly, the simple

and satisfactory criterion I have introduced into notice, by which it is ascertained when mercury may be employed with effect, and when it ought to be discarded as useless or pernicious.

CHAPTER VI.

SCALY VENEREAL DISEASE.

THE primary syphilitic ulcer, or that which gives origin to the scaly eruption, has been well described by Mr. Hunter in the following words: "The sore is somewhat of a circular form, excavated, without granulations, with matter adhering to the surface, and with a thickened edge and base. This hardness, or thickening, is very circumscribed; not diffusing itself gradually and imperceptibly into the surrounding parts, but terminating rather abruptly."

Every word of this description should be strictly attended to, as conveying an exact definition of chancre; so far, at least as it occurs on the glans and prepuce, though not on the body of the penis, where a slight difference is observable. Ulcers which are not syphilitic may, but seldom have a fullness and slight induration round the circumference; but then, this induration does not convey that sensation of solidity and firmness to the touch which that of a real chancre possesses, neither does it terminate abruptly, but diffuses itself gradually and imperceptibly into the surrounding parts; in which circumstance, it differs from chancre so evidently, as to be at once distinguished by an experienced practitioner.

The induration of a chancre is not confined to

the edges only, but extends under the entire surface of the ulcer. We often meet with chancres in which the ulceration is inconsiderable, when compared to the extent of the induration; and even instances of an indurated knob, or tubercle, on the penis, without any visible ulcer, which have been followed by the constitutional symptoms of syphilis, are not uncommon; but on enquiry, we shall probably learn, that in every such instance, a small ulcer existed at first on the callous part, which healed under the use of some local applications. Chancre is, in fact, an indolent ulcer, and makes but slow progress, compared to those ulcers of the parts of generation, which are destitute of any surrounding induration, and particularly the phagedenic and sloughing ulcers.

It is to be recollected in forming our diagnosis respecting chancre, that frequent irritation is capable of producing around the most simple sore considerable induration; and experiments have been made which *are stated* to have produced so great a degree of callosity, as to deceive the most experienced practitioners. Whether irritation is capable of causing a hardness which might be mistaken by an experienced person for the remarkable callosity that characterises chancre, I cannot determine, and very much doubt the circumstance. But in forming our diagnosis we should always take into consideration the previous management of the ulcer.

Chancre, when situated on the body of the penis, is of a dark livid colour; the ulcer is not excavated, but is on a level with the surrounding parts. It is

attended with less induration than the excavated chancre; and in the cases which came under my observation was generally from the size of a six-pence to that of a half-crown, and sometimes even extended round the body of the penis. Its edges are a little raised, and the surrounding induration very perceptible to the touch, though not in so great a degree as the chancre described by Hunter.

If mercury is employed, the ulcer soon assumes a healthy appearance; but if that medicine be not resorted to, its livid surface is alternated, every third or fourth day, with that of a light brown or tawny colour. The ulcer, at the same time, extending its dimensions slowly, and, as it advances, the surrounding induration obviously increases. As few have witnessed this alteration of colour in a chancre, on account of the immediate exhibition of mercury, it may be of service to relate an instance.

Case 49.—William Murray, ætat 25, was admitted, February 11th, 1813, into the hospital. He was affected with phymosis, accompanied by discharge under the prepuce. An ulcer, about the size of a bean, of a livid colour, with callous edges slightly elevated, was situated on the body of the penis; he had not used mercury previously to his admission, and I directed him merely to poultice the penis with bread and water.

On the fourth day from his admission, the ulcer had assumed a light brown, or tawny colour, and its edges had become more callous and elevated.

On the sixth, it again exhibited the dark livid appearance; the penis was considerably swollen, and

the patient complained of pain which deprived him of rest.

On the ninth day, the livid surface of the ulcer was changing to the same tawny appearance as before, a rash, or efflorescence (*roseola annulata*) overspread different parts of his body, agreeing with the appearance described by Mr. Hunter in the following words: "The disease in the skin first shows itself in discolouration, making the skin appear mottled, many of them disappearing, while others continue and increase with the disease."*

On the eleventh, the entire ulcer assumed the tawny colour. The efflorescence of the skin had disappeared in some places, while it appeared in others, and there was a swelling of the glands in the right groin.

On the seventeenth day the ulcer was again livid, and had extended to the size of a shilling; the surrounding induration had also increased.

As the character of the ulcer was sufficiently established by the increase of the callosity, mercurial frictions were now prescribed, and these, in a few days, caused a favourable change in the ulcer. He was discharged the hospital well in a month afterwards, having undergone a smart mercurial course.

The dark livid appearance of this chancre, when extensive, bears some resemblance to that of the sloughing ulcer, and may possibly be mistaken for it. They may, however, be distinguished from each other, by the indurated edge and base of the chan-

* Hunter, p. 476.

cre, which are not attendants upon the sloughing ulcer; and, on a close inspection, the surface of the chancre, though dark, will not exhibit a state of slough or mortification. Its progress is slow, and, in both of these circumstances, there is an obvious and remarkable difference between these ulcers. If any doubt, however, should still remain, a little delay will disclose the true nature of the ulcer. If chancrous, it will, in three or four days, assume the tawny appearance already mentioned; and, if sloughing, the process from which it derives its name, will continue to extend, or the sloughs to separate and expose to view a corroding ulcer, to all appearance phagedenic, but which is soon covered by a slough that is again thrown off, again to be renewed, till the part is destroyed, or perhaps the patient.

Phymosis and inflammation are less frequently attendants upon chancre than upon those ulcers which are destitute of its characteristic marks; but when they accompany the former, they ought probably to be ascribed to a very irritable habit, or to some irregularity in the patient, rather than to any stimulating quality of the poison which disposes it to excite inflammation.

It is not very likely, that the distinction existing between syphilitic buboes, and those from other causes, before ulceration takes place, will ever be discovered; and even in the ulcerated state, it is almost impossible, with any certainty, to point out such discriminating marks as will clearly distinguish them. The following circumstances, in conjunction with the history of the disease, may assist in form-

ing a diagnosis. Syphilitic buboes have frequently aching pains; in which respect they differ from indolent ulcers of the groin, which seem to maintain themselves by habit. The bottom of the syphilitic bubo, which has not been affected by mercury, has frequently a callous feel, and is either of a dark foul appearance, or of a light brown tawny colour. If an ulcer of this description spreads, we may, with confidence, have recourse to mercury; and we shall, in most instances, find, that quick amendment follows its exhibition.

If the tumour in the groin has not been preceded by an ulcer on the genitals, mercury is unnecessary, and may be highly injurious. I am not in the habit of ordering that medicine for buboes which have not been preceded by chancre; yet the subsequent appearance of syphilitic constitutional symptoms has never, in any instance, occurred; or any other circumstance, to induce me to repent of this line of practice.

When the syphilitic matter is absorbed into the general mass, the first CONSTITUTIONAL SYMPTOMS appear upon the skin, throat, or mouth, and afterwards upon the periosteum, bones, and other deep seated parts.

The eruption on the skin is usually considered the first constitutional symptom, but ulceration of the throat is as frequently the earliest intimation we have that the disease is become general. Before the occurrence of these local symptoms of a general disorder, there is often observed, considerable derangement of the patient's constitution. His coun-

tenance is dull and palid; and he complains of restlessness, want of sleep, and often head-ach. This derangement is analogous to the fever which precedes the eruption in the different species of the venereal diseases as described, and in the exanthemata; but in the latter class of disorders, as the eruption appears, the fever diminishes; and the constitution completely gets the better of the disease, by its own unassisted powers. Not so in syphilis; the slow fever which precedes the constitutional symptoms, may subside on their first appearance, but the irritation from the unsubdued poison still remaining, the same effort for relief is renewed; in other words, the fever returns, but at uncertain intervals, till the constitution is worn out, or the intervention of medicine excites an action sufficient to supersede the syphilitic irritation. Hence, Mr. Hunter very properly observes, that this habitual fever of syphilis partakes very much of the nature of hectic fever, which he esteems to be an effort of the constitution to rid itself of a disease, but which it is inadequate to accomplish.

The eruption in syphilis is frequently preceded by an efflorescence of the entire skin, which has been noticed by Hunter. Doctor Willan remarks that it is similar to the roseola annulata, and gives the skin a mottled red appearance; an instance of which I have already adduced, in a case of livid chancre.

The true syphilitic eruption is scaly; a circumstance by which it may be distinguished from the eruptions of the other forms of venereal disease,

which we have seen are either papular, pustular, or tubercular. No author describes this eruption so clearly as Doctor Willan, in his admirable work upon Cutaneous Diseases. It is true, he also describes as syphilitic, the papular eruption, under the term of lichen syphiliticus; and I am perfectly aware that the first writers on syphilis introduce this epithet, pustular, in their description of its eruption; as, also, that the disease, in many countries of Europe, received its name from the appearance of the eruption. But whether that appearance was papular, pustular, scaly, or tubercular, is not very evident from those denominations; which, singly, might afford a clue, but taken in conjunction, seem to confound together all those different species of eruption.* But we are under the necessity of recollecting, that at the period in question, there was but little regard paid to the distinctive characters of cutaneous diseases; and that every appearance on the skin, which happened to terminate in ulceration, or produce a discharge of matter, was termed a pustule.

This is apparent in the writings of all the older authors, who treated on the subject; and even Astruc himself, who published his work in 1735, seems to confound every species of eruption together, as is evinced by the following passage: "Pustules or ulcerous tubercles of the skin, both such as are pu-

* According to Astruc, the Spaniards called it *Las Bubas*, *Bubas*, *Buas* or *Boas*. The Genoese, *Le Male de le Tavelle*, The Tuscans, *Il malo delle Bolle*. The people of Lombardy, *Lo malo, de le Brosule*: and the French, *La Vairole* or *Verole*. See book I. page 4.

rulent, and such as are dry and crusty, not only appear in the venereal disease, but likewise in many others; as, in the scurvy, tetter, scab, and in all other cutaneous distempers.”* In fact, there was not any accurate distinctions of the various eruptions that occur on the skin till our own time; when Doctor Willan classed, according to their external characters, diseases, which previously were not under any regular arrangement.

I have to add, that I have not, in any one instance, observed the eruption to be papular, pustular, or tubercular, when it arose from the true syphilitic primary ulcer; or to be scaly, when it followed those ulcers which do not possess the characters of chancre, the indurated edge and base. A few pimples occurring on the face of a man, affected with the scaly syphilitic eruption, ought not to be considered as an exception to this statement, for, in order to form a fair judgment on the nature of a general eruption, the appearance of the entire surface of the body should be taken into consideration.

The following is Doctor Willan's description of the syphilitic eruption, which he places among the scaly eruptions, and in the order *lepra*. “In the venereal disease, circular patches sometimes appear, which resemble those of the *lepra nigricans* in size and colour, but which are not incrustated. The dryness and harshness of the skin, so remarkable in the *lepra vulgaris* and *alphoides*, do not occur in the venereal *lepra*; its patches, when somewhat advanced, being as soft and pliable as other

* Astruc, p. 50.

parts of the skin. It is, however, proper to observe, that every patch originates from a small, hard, reddish protuberance. As this gradually dilates, the increase of its circumference is not attended with an increasing ulceration of the centre; on the contrary, the sides of the patch are somewhat raised, and the central part of it appears a flat surface covered with thin white scales. The patches are generally distinct, and at a distance from each other. There is seldom seen any of them exceeding the size of a shilling; yet, it is probable, they might acquire a greater magnitude, if the progress of the disease were not arrested by the use of mercury. When the constitution is under the full influence of mercury, the sides of the patch shrink and become paler; the centre is also depressed, but the desquamation proceeds slowly; and the disease cannot be removed; without a perseverance in the course for six or eight weeks. A circular red spot usually appears, for some time in the place of every declining patch; and a minute shallow depression, like a cicatrix, is left at the centre; but no permanent discolouration of the skin remains, as in some cases. The leprous form of the syphilitic eruption takes place, like other venereal eruptions, at very different periods after infection, in different cases. If no medicines were employed, it would at length terminate in ulcerated blotches.”*

Dr. Willan also describes another scaly appearance of the syphilitic eruption, under the species psoriasis, of the same order. The only difference

* Willan, p. 129.

between this and the other is, that the spots in the former are circular and larger, and in the latter, they are irregular, smaller and less elevated. (See plate V. fig. 4.)

The scaly syphilitic eruption is almost in every instance, to be found on the forehead, breast, back of the neck, on the groins, and adjoining surface of the pubes. On the back of the neck and groins, those spots situated near the parts covered with hair, spread into each other, so as to form extensive copper-coloured blotches, as are represented in plate V. fig. 1, 2, and 3.

On the palms of the hands, or soles of the feet, its appearance is different from that on other parts. The cuticle separates, and is quickly succeeded by another; and this process may be several times repeated, for the thick skin of those parts has not the same disposition to form scurf, as the common skin; for which reason, if a case would arise, in which the appearances were confined to the hands and feet, it would be impossible to determine, whether or not it were syphilitic; for all diseases affecting the cutis of those parts, produce a separation of the cuticle, attended in all with the same appearances.

When the eruption affects a skin which is opposed by another skin, as, between the nates, or between the scrotum and thigh; or under the arms, or between the thighs, it is not scaly; but the skin becomes elevated into a moist, soft, flat, or somewhat convex surface, which discharges a whitish matter. These are the appearances which, I believe, in authors, are termed *condylomata*, *fici*, *cristæ*, *mariscæ*,

&c. denominations applied, according to their figure, or perhaps the fancy of the practitioner.

In this stage of the disease, that part of the fingers and toes upon which the nail is placed, is often attacked. A separation of the nail follows, similar to that of the cuticle in the eruption of the skin; but Mr. Hunter well observes, there cannot be here that regular succession of nails, as of cuticle.

If mercury is not employed, the eruption proceeds to ulceration in the following manner. Each spot is covered by scales, or by scurf, which is thrown off, and succeeded by another; every succeeding scurf which is formed, becomes thicker than the preceding, till, at length, it forms a crust under which matter collects, and it becomes a true ulcer; in which state it spreads but very slowly.

The next constitutional symptom of syphilis, is the ULCERATION OF THE THROAT; where the tonsils, in most instances, are the seat of the disorder. The ulcer forms without much previous pain or swelling, although it soon produces a considerable excavation in the tonsil. It is, as Mr. Hunter observes, "a fair loss of substance; part being dug out, as it were, from the body of the tonsil, with a determined edge, and is commonly foul, with thick white matter adhering to it, like a slough, which cannot be washed away."* This is the description of a well-marked syphilitic ulcer of the throat; but as the tonsils are sometimes deeply ulcerated in the phagedenic disease, we can only ascertain the nature of the ulcer in question by a most careful examination of the

* Hunter, p. 482.

patient, in order to discover the character of any other ulcer or eruption he may have; which, together with an accurate knowledge of the history of the case, will seldom leave us in doubt with respect to the nature of the disease.

It is scarcely necessary to mention here, a very common affection of the tonsils, noticed by Mr. Hunter, which is not unfrequently mistaken for a syphilitic ulcer, viz. chronic inflammation of those glands, attended with irregularity of their surface, which is covered with coagulable lymph, that gives it the appearance of ulceration.

Any mercurial affection of the throat is easily recognized, by the mercurial fœtor of the breath, which accompanies it. The use of this medicine may cause considerable inflammation and ulceration of any part of the fauces, particularly if the patient should expose himself to cold and wet, when under its influence.

I have witnessed, in a very considerable number of instances, profuse *PTYALISM*, in patients who had not used mercury; but all thus affected, had, at the same time venereal ulcers of the fauces. It is probable, that this spontaneous salivation is a constitutional symptom of syphilis, and analogous to a similar occurrence in small-pox. I am not inclined to attribute it to the irritation of the ulcers of the throat upon the mouth and salivary glands; for the syphilitic ulcers in question were attended with scarcely any pain. It is a curious circumstance in these cases (but one which I would naturally expect from this view of their nature,) that as the pa-

tient becomes affected with mercury, the salivation begins to diminish, and, at length, entirely ceases; but is renewed again, as the mercurial process is farther advanced; first arising from the disease, and afterwards from the remedy.

THE BONES, PERIOSTEUM, FASCIÆ, AND LIGAMENTS, are the deep seated parts most liable to the attacks of the syphilitic poison, and it is generally thought, are affected after the disease has appeared constitutionally on the superficial parts of the body, if the disease has not been arrested in its progress by mercury, which disturbs the regular succession of the symptoms.

Of the bones, it is observable, that those nearest the surface are most liable to the disease, as the tibia, sternum, clavicle, and cranium. When the deeper seated parts are affected, the progress of the disease is more gradual than in the superficial. Swellings of the testes, tendons, and fasciæ are in general, very indolent, do not excite any pain, and have very much the character of scrofulous swellings.

The true syphilitic *NODE* is a solid enlargement of the bone, and is not at its commencement, nor for a considerable period afterwards, accompanied by any discolouration of the integuments. It is, in most cases, a very indolent swelling, increasing by slow degrees, and exciting but little pain and inflammation until in an advanced state.

The true syphilitic *PAINS* are generally supposed to affect the centre of the long bones, but this is not universally the case; while those of the resembling

diseases, as we have observed in its proper place, affect the joints, and all in common with other aches or pains, have their exacerbatation at night.

It is most satisfactory to observe the certainty and rapidity with which the constitutional symptoms of syphilis affecting the soft parts, yield to mercury. The scaly eruption begins to decline, even before it is observed to affect the system, and ulcers of the skin and throat, as soon as that event takes place, assume a healthy and granulating aspect, and soon afterwards cicatrize. The same good effects are also observable in the soft elevations of the skin which are found between the nates, under the scrotum, and in the axillæ. The ulcers of the tonsils also immediately amend. All these secondary symptoms yield much more rapidly than chancre to mercury; in illustration of which, it is but necessary to mention, that if the same person is at the same time, affected with chancre and the constitutional symptoms above enumerated, the latter will yield much sooner than the former to this remedy. A circumstance, which I have elsewhere stated, would induce us to suppose, that the syphilitic virus undergoes some change in its transmission through the system, and is thereby rendered less virulent; and this supposition, as observed by Dr. Adams, is farther confirmed by the incapability of the matter of constitutional ulcers to communicate the disease, contrary to the effects of the other poisons, as, for instance, that of small-pox.

It must be allowed, that syphilitic nodes by no means yield to mercury with the same regularity

and quickness as the constitutional affections of the surface of the body; a circumstance most probably owing to the organization of the bones, which is so low, that the strongest mercurial action in the skin and throat, may be accompanied by a very weak one in the vessels of the former. Yet, in the most obstinate instances, I doubt the propriety of continuing a full mercurial action longer than two months. This period is more than sufficient to supersede the syphilitic action, if managed with judgment. I have always found it unnecessary to persevere in the use of mercury, until the tumour of the bone is entirely removed. And there can be no doubt, that if the node remains after a judicious course, we should regard it merely as a simple enlargement of the bone, deriving no character whatever from its syphilitic origin.

Syphilis, like other contagious diseases, is obedient to certain laws, from which there is little deviation; but from the details of most authors, it would appear that it possesses but little uniformity in its symptoms, or regularity in its progress. This opinion of the multiform appearance, and irregular course of the disease, is occasioned by several circumstances:—

1.—Ulcers on the genitals, which are not syphilitic, are frequently mistaken for syphilitic, and treated accordingly; and this is a source of error, not only in respect of the original disorder, but in the entire train of complaints which may arise from the distemper thus mistaken.

2.—If the primary complaint is syphilitic, the

progress of the disorder is interrupted by the use of mercury, and if it is not totally subdued by that remedy, its return occurs at uncertain intervals.

3.—There are a number of complaints which arise from the use and abuse of mercury, which are frequently mistaken for the symptoms of syphilis; for instance, erratic pains, diseases of the viscera, nervous affections, mania, fatuity, and a variety of other complaints, which can evidently be traced to the imprudent use of this medicine.

In the treatment of true syphilis, there is nothing perplexing or dubious, if we except the mercurial phagedena, and other effects of that mineral, which may be mistaken by the inexperienced, for the symptoms of syphilis. But the remedy in the hands of the experienced practitioner, will remove, I may say with certainty, every symptom of that disease, both local and constitutional.

I am decidedly of opinion, that MERCURY acts by exciting an irritation capable of superseding that of the syphilitic, and in this point of view, it can be of little consequence, by what quantity of mercury, whether little or great, that irritation has been excited. By referring to the hospital books, I find that numbers have been cured both of primary and secondary symptoms, by a very small quantity of mercury. Frequently from an ounce to two ounces has been found sufficient to cure the disease, and of preserving a strong mercurial irritation in the system, from one to two months; and this I suspect is all that is required; even if one drachm was found capable of producing this effect, I should not think

of administering an additional grain. But whatever be the quantity, it is necessary for the cure of syphilis, to excite a strong mercurial action, and to make the constitution feel and suffer under the debilitating effects of the mineral. Alterative courses, as they are termed, may suspend, but will seldom supersede the poison altogether.*

In stating the very small quantity of mercury I have found capable of exciting strong mercurial action in the system, and of thus curing the disease, we must take into consideration the warmth and mercurial atmosphere of a hospital; and therefore in private practice we are not to expect a result perfectly similar.

It is not a little perplexing, that a primary venereal ulcer may be affected by the mercurial phagedena, without having the action of its poison entirely superseded, for after the phagedena is removed, we too frequently find, that the ulcer, instead of healing, assumes again the venereal character, so that it appears as if the venereal action had only been suspended, and not extinguished in the part. We may, perhaps, better account for these succes-

* The author, in the last words of this paragraph, recommends more mercury than will be found requisite, in the treatment of this or any other form of Syphilis, which appears in the practice of Philadelphia. In fact, since it is now proved beyond a doubt, that every variety of the disease may be readily cured without the use of mercurials of any kind, it would certainly appear at least injudicious "to make the system feel, and suffer under the debilitating effects of the mineral." Such a course might be expected to defeat one of the most important intentions of the author's excellent work; that is to say, to lessen the evils arising from the improper administration of mercury.

sive morbid changes, by supposing that the mercurial phagedena had not extended to every part of the ulcer, but that some minute portion of it still continued under the syphilitic action, and consequently secreted a contagious poison; but as soon as the mercurial phagedena has subsided, there is reason to believe, that the remainder of the ulcer becomes affected by the poison, and the entire sore consequently assumes the syphilitic action. These circumstances are elucidated by the progress of ulcerated buboes, in which the mercurial phagedena more frequently occurs than in any other venereal ulcer, on account of the practice of opening them while the system is mercurially affected. The crude wound inflicted by the lancet in opening them, if the system is affected by mercury, will immediately assume the mercurial phagedena, which will rapidly extend, although a sufficient quantity of mercury has not been exhibited to supersede the venereal irritation in the part. The same circumstance will occur in the suppurating sore made by caustic, and in either case we have an instance of mercurial action in one portion, and of venereal action in another portion of the same ulcer.

I have never seen the mercurial phagedena as it appears in chancre and bubo, (in which it exhibits a peculiar fiery red colour,) affect ulcers of the throat in the same manner; but I have frequently seen a dark foul phagedenic ulcer make its appearance, and extend along the edges of the velum and uvula in patients strongly affected by mercury, which I suspected was caused by that medicine.

But to decide that this was actually the case, requires much farther observation than I had an opportunity of bestowing. It is, however, certain, that we every day meet with cases in which mercury produces high inflammation of the fauces; and, on inspection, the velum and uvula appear of a deep red colour, and their edges exhibit a peculiar white excoriated appearance.

The ulceration of these parts is the same as that which occurs on the tongue and inside of the cheeks, during a severe salivation; and which is occasioned by the pressure of the dentes molares. The mercurial fœtor in the mouth is sufficient to point out the true nature of these affections, whenever they occur.

It is supposed by many that mercury is capable of producing nodes upon a sound bone, as they very frequently occur while the constitution is under its influence; but I should be unwilling to admit this as a fact, until I shall have an opportunity of witnessing the appearance of nodes, in persons under the influence of mercury, for any disease not venereal; because I have frequently found, that the mercurial irritation of the system will not prevent the accession of nodes, in the pustular or phagedenic venereal diseases; and, therefore, their occurrence may have been erroneously attributed to the mercury employed; while, in fact, they were produced by the agency of a morbid poison.

But although I would not, without farther proofs, ascribe the production of nodes to the operation of mercury, I will, without hesitation, admit, that it is

often the cause of pains which are frequently mistaken for the effects of the venereal poisons. Such as are produced by mercury, are found to affect the muscles, tendons, and joints, and have a strong resemblance to those of rheumatism. These pains are usually produced by exposure to cold, while the patient is under the influence of mercury. I have not, however, any doubt, but that pains in the joints, very generally ascribed to mercury, are, in fact, attributable only to one or other of those poisons which resemble syphilis in their symptoms; for we have found that one of their most prevailing characteristics is to excite pains in the larger joints, which mercury is incapable, in the greater proportion of cases, of removing; and even if they are diminished by its influence, they return with increased severity, as soon as the mercurial irritation of the system has subsided.

Besides the usual and characteristic local and constitutional effects of mercury, there are two singular affections, which not unfrequently attend its use. The one is the *erethismus mercurialis* described by Mr. Pearson,* and the other is a peculiar eruption, which has received different appellations from the authors who describe it.† These diseases are not dependant upon the quantity of mercury absorbed into the body, or upon the preparation, or mode of

* Pearson's Observations, &c., p. 196. 2d edit.

† Doctor Alley calls it *Hydrargyria*; Dr. Moriarty, *Lepa Mercurialis*; Doctor Spens, *Erythema Mercuriale*; and Doctor Bateman places it as a variety of *Eczema Rubrum*, in the order *vesiculæ*.

administering that remedy,* but seem rather to arise from a peculiarity of constitution in the patient; the cause of which, in our present state of knowledge, is not likely to be discovered.

I have observed, that females are in general more easily affected by mercury than males; and, therefore, always direct them to begin with half a drachm of ointment every night; and, in almost every instance find, that this quantity is sufficient to induce a proper degree of irritation in the mouth, in the usual time, which may be estimated at six or eight days after the commencement of the course; and if a considerable soreness is produced in twelve, it may be esteemed an adequate commencement. On my first appointment to the Lock Hospital, I prescribed, as was the general practice, a drachm of ointment every night for the females, not making any distinction between them and the other sex. But, having continued this plan for some time, I found that no precaution could prevent the most excessive salivations, attended with dysenteric affections, extreme debility, and sometimes dropsy; but when I adopted a more considerate practice, I found the most beneficial advantages. These severe effects, from the usual mode of exhibiting mercury, may appear surprising, but we should recollect the debility arising from frequent courses, to which those women who frequent Lock Hospitals are accustomed,

* I know a gentleman who has always been attacked by this eruption, when he took but a single grain of calomel. I also knew an instance of the disease being produced by the application of the black mercurial wash to a venereal ulcer.

and the influence of a mercurial atmosphere, such as was formerly present in hospitals restricted to venereal patients.

When a patient, whether male or female, has been salivated several times, and the system thereby habituated to mercury, it is incredible the small quantity of that mineral that is sometimes capable of exciting the severest effects. The following case, one of the most remarkable I have met with, will elucidate the fact.

Case 50.—Daniel Nowlan, ætat. 30, was admitted into the hospital on the 26th of December, 1811, affected with syphilitic ulcers of the tonsils, and an enlargement of both testicles. He recently was in the hospital for six months, and had been discharged the preceding April, after suffering repeated heavy salivations for an ulcer on the glans penis, which entirely destroyed the part.

I directed him to rub in half a drachm of ointment every night. In four days his mouth was so severely affected, that he spat two quarts in twenty-four hours; and although he had used but two drachms of ointment, the mercurial affection of his system increased afterwards to so alarming a height, that his face and entire head became swollen in an extraordinary degree. His tongue projected from his mouth, its edges were ulcerated, and of a white sloughing appearance. He lay in a state of insensibility, or coma, and his breathing was laborious, like a man affected with apoplexy.

He was removed to the convalescent ward, and was directed a smart opening medicine daily; under

this, and other appropriate means, the dangerous lethargy in which he lay was removed, but he was not able to resume the use of mercury until the beginning of February following; and it is remarkable, that he afterwards bore the exhibition of mercury like other patients, being able to rub in three ounces and a half of ointment before the 20th of March following.

If, a similar case were again to occur, I should conceive it necessary, during the comatose state, to take blood as freely as I would in a case of apoplexy.

If the system has been debilitated by reiterated courses of mercury, œdematous swellings of the legs is a very frequent occurrence. It is an event which should warn the surgeon not to give another grain of mercury, but to make use of such means as are calculated to recruit the broken constitution of his patient. And I believe, for this purpose, country air, generous diet, and exercise proportioned to his strength, will be found more effectual than medicine. If mercury be persevered in after œdema makes its appearance, general dropsy will follow; and it is surprising the rapid progress it makes in such cases. In a few days I have seen the entire cellular membrane of the body œdematous, with ascites, and every symptom of hydrathorax.

Nitrous acid, given in as large quantities as the stomach and bowels can bear, conjoined with digitalis, is of the greatest service in these cases. The following instance will evince the rapid progress of dropsy, under those circumstances, and the utility of the practice recommended.

Case 51.—John Delany was admitted into the hospital the 26th of January, 1813, on account of a foul ulcer, situated on a remnant of the glans and prepuce; the greater portion of those parts having been destroyed by former ulceration. There were also numerous ulcers on his arms and shoulders, covered by large crusts. During the preceding year his constitution had suffered under reiterated courses of mercury, administered on account of an obstinate ulceration of the glans and prepuce; and at the time of his admission, his countenance was bloated, and his legs and thighs anasarcaous.

Under these circumstances, I did not deem it expedient to employ mercury, but merely ordered him nourishing diet, and decoction of sarsaparilla.

Feb. 1st.—His dropsical symptoms having increased with considerable dyspnœa, and œdematous swelling of the scrotum, I put him on the use of nitrous acid, conjoined with digitalis; from fifteen to thirty drops of the tincture were taken in half a pint of nitrous acid mixture thrice a day.

8th.—He passed urine in large quantities; the swelling of his limbs and scrotum had considerably diminished; and I had the satisfaction of observing at the same time, that the ulcer of the penis had assumed a disposition to heal.

16th.—The dropsical symptoms had nearly disappeared, but the ulcers on his arms were extending, and he complained of severe pains in his wrists. The nitrous acid and digitalis were discontinued, and he was ordered the decoction of sarsaparilla, and 30 drops of antimonial wine three times a day.

March 1st.—The ulcer of the penis had healed, and many of the crusts had fallen off, and left the parts underneath perfectly cicatrized; at the same time several papulæ appeared on different parts of his body, and he complained of severe pains in his wrists and shins, particularly at night. The decoction and antimonial wine were continued.

14th.—He was discharged the hospital, all the constitutional ulcers having healed; the pains being dissipated, and the œdematous swelling entirely removed.

The greatest circumspection is necessary in the exhibition of mercury in persons labouring under the slightest pulmonary affection, whether it be hæmoptoe, asthma, or dyspnœa, from whatever cause it may originate. I have seen in the Lock Hospital *repeated instances* of the fatal effects of mercury in such cases; but it is certain, that the mercurial atmosphere of the house contributed in no small degree, to the danger of the patient; and it is absolutely necessary that there should be annexed to every foundation of this description, convalescent wards detached from the hospital, and enjoying the advantage of a pure atmosphere.* The justice of these remarks will be confirmed by the following case:—

Case 52.—Owen O'Neale, ætat. 30, was admitted with chancres attended by considerable inflamma-

* I leave the above passage as it stood in my first edition in 1814; but the small quantity of mercury at present employed even by those of the old school, compared to what was given at that period, would, I am now inclined to think, render such an establishment superfluous.

tion of the prepuce, on the 6th of December, 1811. He had a large curvature of the spine, and a corresponding distortion of the chest, and his countenance was of that livid hue which marks impeded or imperfect respiration; he had also a severe cough.

I directed twelve ounces of blood to be drawn immediately from his arm, not only with a view to the affection of his chest, but to the inflammation of the penis. The antimonial solution was also ordered. Three days afterwards, his breathing was so much relieved, that I did not think it necessary to postpone any longer the exhibition of mercury, and I directed him to rub in but half a drachm of ointment every night, and to persevere at the same time, with the antimonial solution.

On the 29th, the chancres had improved, and his mouth was slightly affected by the mercury, but his breathing, on the preceding night, had again become laborious, and his pulse was upwards of 100.

He was removed immediately to the convalescent ward, sixteen ounces of blood were taken from his arm, the ointment was discontinued, and the antimonial solution persevered in.

On the 21st, 22d, and 23d, the venesection was repeated each day. Blisters were applied to his breast and back, but the different means employed were ineffectual in checking the progress of the affection of his chest. On the 25th, his respiration was rapid, pulse 130, and countenance livid; in short, there was every symptom that effusion had taken place into the chest or lungs; and on the 27th

died, not having rubbed in more than four drachms of ointment from the time of his admission.

This is a striking example of the ill effects of mercury, and a mercurial atmosphere, in persons labouring under pulmonary complaints. No necessary precaution was omitted before the adoption of the medicine, and the caution that was observed during its exhibition, would under other circumstances have been altogether superfluous. But in such cases, no caution can be excessive. The *frequency and rapidity* of effusion into the lungs or chest of patients labouring under pulmonary complaints, while exposed to the mercurial atmosphere of an extensive Lock Hospital, is too common a subject of observation, and can only be remedied in the mode I have already recommended.

Before I conclude this part of the subject, it may be of service to recapitulate the usual and characteristic effects of mercury on the frame, and likewise those effects which now and then occur from its use, and which seem to originate in peculiarity of constitution:—

1. Mercury induces a specific fever different from all others, and attended with an increase of the various secretions.

2. When the constitution has been incessantly harassed by mercury, it induces dropsy, various nervous affections, epilepsy, mania, and fatuity.

3. It produces peculiar local effects. A crude wound or suppurating sore, under its influence, will immediately become spreading phagedenic ulcers, of a fiery red appearance. The ulcers of morbid

poisons, after the peculiar action of their respective poisons has ceased to act, may become in the same manner, mercurial ulcers. But if the poison retains its influence in any portion of the ulcer, as soon as the mercurial phagedena has subsided, it may infect the remainder of the ulcer, which will consequently re-assume its original character.

4. It occasionally produces pains resembling rheumatism, and swellings of the joints, particularly when the patient exposes himself to cold.

5. It is asserted to be capable of producing nodes, which resemble the syphilitic; but this I doubt, because there is no authenticated instance of nodes of the bones occurring under courses of mercury for any diseases except venereal.

6. It produces two affections of the constitution; the mercurial eruption, and mercurial erethismus, which, unlike its usual and characteristic effects, are evidently owing to some peculiarity of constitution. In the same manner, most medicines, and many of our common aliments, produce phenomena in some constitutions, attended with great disorder of the system, totally different from their accustomed and well known effects.

7. Mercury, and more particularly a mercurial atmosphere, are in the highest degree prejudicial and dangerous to patients labouring under any pulmonary affection, by producing a rapid state of excitement, and consequent effusion into the lungs or chest.*

*The ill effects of mercury upon the system, may be prevented, or greatly lessened, if a free vent or discharge is maintained

When I commenced my inquiries, with respect to the treatment of venereal diseases, so universal was the use of mercury, that the utmost stretch I could allow my imagination, was merely to entertain a suspicion that these numerous symptoms, which did not correspond to Hunter's well known description of syphilis, might possibly recover without the use of mercury: and this, both the friends and adversaries of my practice will acknowledge was a tolerably bold step, at a time that every venereal symptom, except gonorrhœa, was doomed to undergo a full course of mercury.

In some recent publications, however, we are taught that every form of venereal complaint, including syphilis itself, has been successfully treated without the use of mercury. Mr. Rose is particularly explicit on this point; and in support of his opinion, details several cases of primary ulcers, possessing the surrounding callosity, and other characteristics of chancre which were cured without mercury.* Mr. Guthrie is also equally decisive, but does not detail the instances; his words are, "Every kind of ulcer of the genitals, of whatever form or appearance, is curable without mercury. This I

through some of the emunctories, which in this case, as in many disorders, act the part of safety valves. It is no great matter which of these is selected; but the skin and kidneys are in general the most convenient. Salivation ought, we think, at all times to be carefully avoided, as it is most frequently attended with great inconvenience, and unpleasant consequences, without having any thing specific in its operation. The salivary secretion should, if possible, always be preserved from vitiation, as it mixes with the food and drink, with which it goes into the stomach, and when the product of morbid action, doubtless tends to increase the depravity of the system. E.

* See particularly his 2d, 4th, 6th, 7th, and 8th cases.

consider to be established as a fact, from the observation of more than five hundred cases which I am acquainted with, exclusive of those treated in the different regiments of guards, and which occurred in consequence of promiscuous intercourse.”†

Since those publications fell into my hands, I have been anxious to ascertain, by personal observation, whether true syphilitic chancres did really admit of being cured without mercury; but this disease, as described by Hunter, has diminished in so extraordinary a degree in this country, that strange to say, I have not from that period met with more than half a dozen cases of true chancre, though, without adverting to my private practice, my opportunities, as surgeon to an extensive hospital, are by no means inconsiderable. I am certain that others are more easily satisfied than I am with respect to the characters of chancre; but adhering strictly to the definition of Hunter, I do not consider any primary ulcer to be syphilitic which does not possess the callous edge and base, terminating abruptly under the skin, and feeling nearly as hard as a piece of cartilage. There are very few ulcers of an *irritable* nature which have not some degree of fullness around them, which induces many to pronounce them chancres; but this fullness is very distinct from that callosity which Hunter, and the early writers on syphilis, describe.

However, in consequence of the respectable authorities mentioned, as well as that of Dr. Thomp-

† Mr. Guthrie's paper on the treatment of the venereal disease without mercury. *Med. Chirurg. Transactions*, v. viii. p. 576.

son, Mr. Hennen, and others, I determined to seize upon the first opportunity of affording ocular demonstration, whether true syphilis, like the other forms of venereal diseases, were capable of being cured without the aid of mercury; and I have had sufficient proofs, though few, to convince me that syphilis, as well as the others, is capable of being cured without mercury.

But it does not by any means follow that therefore the non-mercurial is the most judicious mode of treatment; for in the cases thus treated which have come to my knowledge, the recovery has been remarkably slow, both from the primary as well as constitutional affections. And on the contrary, as far as my experience extends, the recovery is certain and rapid, where mercury is exhibited for the symptoms which I have detailed as belonging to true syphilis. I have only met with the two following cases of syphilis exhibiting the constitutional symptoms, which afforded me an opportunity of trying the non-mercurial treatment.

Case 53.—James Murray, admitted May 20th, 1818, with an undurated chancre situated at the junction of the prepuce with the corona glandis. The surface was covered with a small crust, but the callosity was of that remarkable kind that terminates abruptly, and feels like a piece of hard cartilage under the skin. He had also the psoriasis syphilitica in distinct patches, each about the size of a sixpence, scattered over his back, breast, forehead, arms, &c.

According to his statement, the ulcer appeared

three months previous to his admission, but had in a great measure healed in a month after its appearance without the use of medicine, leaving, however, behind it the callosity, which was constantly covered with a small crust already mentioned. He added, that six weeks afterwards the eruption began to appear, and that he had taken only nine mercurial pills, which did not affect his mouth.

From the time of his admission until the 15th of June, a period of 26 days, no medicine whatsoever was given to him, during which the callous substance increased in size, and the eruption became more extended by the addition of new spots, and the enlargement of those that had first formed. Finding that the disease was not yielding to the powers of the constitution, I determined to make a trial of sarsaparilla, the decoction of which was ordered for him, with a drachm of the powder thrice a day. Shortly after the exhibition of this medicine the callosity began to decline, and so early as the 5th of July, it was noted that the callosity had considerably lessened, and the eruption was of a paler colour.

July 20th.—The eruption had nearly declined, but there still remained some induration in the seat of the chancre. At this period he thought proper to quit the hospital without leave.

However, on the 4th of August he applied again for admission; the eruption had increased, and the callosity of the penis still remained. He was ordered the decoction and the powder of sarsaparilla as before, which he continued to take until the 28th

of September following, at which time the eruption had disappeared, and the callosity dispersed. He was discharged apparently well: on the 10th of November following he again came to the hospital on account of some faint spots of the psoriasis syphilitica on his back and arms; and several small superficial ulcerations on the scrotum. It was not thought necessary to receive him into the hospital on account of these trifling symptoms; but he was desired to return if any aggravation of his complaints should take place. He, however, did not afterwards apply at the hospital.

Case 54.—The other case of syphilis treated without mercury, was that of Edward O'Brien, who was admitted into the hospital on the 24th of May 1818. At this time there was a large ulcer extending along the dorsum of the penis, from the prepuce almost to the pubis. It was of a livid colour and in every respect corresponded with the description of chancre on the body of the penis.

June 1st.—The ulcer had extended, and its surface had changed from a livid to a tawny colour; but in a few days afterwards, the same livid appearance returned.

8th.—He began to complain of pains in his shoulders, arms, knees, and tibiæ. The pain in the latter afterwards became extremely acute, and he could not bear the slightest pressure on those bones. He lost his rest and became emaciated. On the 16th of June, the pain and tenderness of the tibiæ were so very acute, as were also those in his joints, and particularly in his hands and wrists, and the erup-

tion had so far extended, that I conceived that mercury was absolutely necessary for this individual; and I was disposed to order it on the instant: and in this opinion a most attentive and intelligent class of pupils who watched this, as well as all the other venereal cases, with the greatest assiduity, seemed anxiously to concur; I am now, however, well pleased that I postponed this intention, and determined upon giving a trial, in the first instance, to sarsaparilla; although I confess, at the time I had little or no hopes of succeeding by its means. I directed it in the form of powder and decoction in full doses.

On the 28th, however, to my surprise, a very remarkable amendment was apparent in all his complaints. The ulcer looked healthy in the middle, and had ceased to extend. The pains and tenderness of the tibiæ were diminished, and the eruption was obviously on the wane. From this period his amendment was regular and decided; the eruption and pains had entirely declined before the 14th of July, and the ulcer had healed to one-half its former size. His countenance and general appearance were at the same time improved. But at this very juncture, when the ulcer was healing rapidly, by some imprudence, he excited inflammation, and a partial paraphymosis.

He was again directed to confine himself to bed and to poultice the penis with bread and water. In a few days the inflammation was dispersed, and the ulcer progressively amended, but was not healed until the 8th of August. He was discharged perfectly well on the 13th of the same month.

Although these two cases cannot fail to make a due impression, yet if they stood alone, their evidence could not be deemed sufficient to establish a belief that true syphilis, like the papular disease, is capable of yielding to the powers of the constitution, or to remedies in which mercury does not form an ingredient. But this deficiency is amply supplied by the testimony of Messrs. Guthrie, Rose, Hennen, Dr. Thompson, and other equally intelligent surgeons.

It must be admitted, however, from these cases, that although mercury may not be absolutely necessary for the cure of true syphilis, yet that recovery may be greatly expedited by the exhibition of that medicine.

In thus relinquishing my opinion, that true syphilis differs from other venereal complaints, by always requiring mercury for its cure, it is necessary to reduce the doctrine I hold to this proposition; that with respect to the use of that medicine, it differs from them only in not being injured, but decidedly benefitted, by it in *all* its symptoms and stages. I may not soon have an opportunity of advancing this investigation much farther on account of the extraordinary fact already adverted to, that syphilis is now comparatively seldom to be found in this country, although the very form of venereal disease, which, there is reason to believe, was most predominant in the time of Hunter. A few years back, and particularly in 1812 and 1813, that malignant attendant of the phagedenic disease, the sloughing ulcer, was extremely prevalent in Dublin; but I

have only seen it in one or two cases either in private or public practice, during the last six years. It may therefore be considered as far from improbable, that there are prevailing forms of venereal affections, like prevailing epidemics, at different times and in different countries—a circumstance that may possibly depend on the importation of fresh infections; although these arrivals are seldom recorded with the same notoriety as that of syphilis from St. Domingo.*

This hitherto unnoticed phenomenon may serve to explain the universal adoption of mercury for every form of venereal disorder; for when syphilis became the prevalent malady, the reputation of mercury must have greatly increased, and its utility at once been acknowledged and exaggerated. But we have seen that although this medicine is injurious in the commencement of the papular, pustular, and phagedenic diseases, yet when they are on the decline, and their eruptions have become scaly, and bear some resemblance to the syphilitic eruption, its exhibition in this stage of the disorder often operates like magic, in bringing a lingering disease to a quick and favourable termination; and when all

* That the forms of the venereal disease are often influenced by epidemic causes, the editor was induced to believe from his own observation, long before he was furnished with a hint of the circumstance from any other source. He has frequently noticed that, during certain periods, nearly all the cases under his treatment, were of the same nature; whilst, at other times, different forms have prevailed. These variations may have depended upon accidental circumstances; but their frequent occurrence has certainly led to a different conclusion. In another part of this work, the author has adverted to this subject still more pointedly. E.

these diseases were treated alike, it is no wonder it should soon be forgotten that there was any distinction between them, or in fact that there was any other venereal disease besides syphilis. These circumstances were of a nature to hood-wink and mislead the majority of the profession, and establish the practice which has so widely and absurdly prevailed. Yet early and at all times there existed a few clear-sighted and discerning individuals who perceived the mischiefs attendant upon the indiscriminate employment of this powerful drug; and who were not contented with the expedient of inventing names to delude themselves and their patients, and ingeniously satisfy their consciences while committing, through the medium of this medicine, the most unwarrantable depredations upon the constitutions and lives of those who confided them without reserve to the disposal of their judgment.

CHAPTER VII.

DISEASES MOST LIKELY TO BE CONFOUNDED WITH THOSE OF VENEREAL ORIGIN.—SYNOPSIS OF THE WORK.

THE genital organs are of course liable, in common with all the other parts of the body, to phlegmonous inflammation and its consequences: to erysipelas, anthrax, &c. In addition to these the prepuce is subject to a peculiar vesicular eruption, which from irritation often extends into sores that are frequently confounded with venereal ulcers. This eruption is termed herpes preputialis.

Phlegmonous inflammation of the penis, which does not arise from external injury, almost always terminates in suppuration, notwithstanding every effort made to procure resolution; therefore, generally speaking, it is the better practice to encourage suppuration at once by means of warm poultices, and to discharge the matter by a free opening as soon as its presence is indicated.

When phlegmon forms on the prepuce, it is attended with considerable thickening and induration, which remain even after the matter is evacuated; a chronic burrowing ulcer often succeeds, which is extremely difficult to heal; and all our efforts to bring about this event are in general useless, until the sinous ulcer which usually forms, is laid freely open. And even this is often unavailing, without

a removal of a portion of the indurated integument, which may be either done with the knife or common caustic; but the former, as least painful, is to be preferred. When this is once accomplished, the part usually heals without farther difficulty. Women are also liable to be affected with painful abscesses, which form within the labia, perineum or sides of the vagina. They are generally, as well during their formation as afterwards, attended with considerable pain; and often in married women great mental uneasiness is occasioned, under an apprehension that they are of venereal origin.

As soon as matter is perceived, a free opening gives immediate relief, and the part usually heals afterwards without difficulty. Sometimes, however, sinuses take place which are tedious, and must be treated according to the general principles of surgery, before they can be induced to heal. From the protracted and tedious nature of those sinous ulcers in both sexes, we may readily conceive what mischief must ensue, if they should be mistaken for venereal ulcers, and that course after course of mercury be exhibited, until the constitution of the patient is irretrievably ruined; such instances I regret to observe, have often fallen under my observation.

Erysipelatous inflammation of the penis I have only seen as an attendant upon a foul irritable ulcer; therefore it is unnecessary to treat of it as a distinct affection: neither have I ever witnessed the presence of anthrax on this part; but as there is no reason why the penis should not be as liable to this affection as any other part of the body, we ought

to be prepared to encounter it. Mr. Evans states, that he has frequently witnessed the circumstance, and gives two cases in illustration. The repeated returns of sloughing in his first case, however, appears to be unlike what is observable in anthrax in other parts of the body. The reader will do well to consult his work upon the subject.*

Herpes preputialis is a very common affection. On the external prepuce it usually occurs in the form of a cluster of four or five vesicles, which soon scab and heal in a few days, if not irritated by the friction of the patient's clothes, or the improper application of stimulating or caustic washes. On the inner surface of the prepuce, owing perhaps to the moisture of the part, we seldom have an opportunity of seeing the vesicles, which pass into minute circular ulcers that often run into each other. All that is required to cure this trifling complaint is the prevention of irritation. When it occurs on the internal surface of the prepuce, it may be well to interpose a bit of dry lint, as the secretions of the part are in such instances usually acrimonious, and may possibly have occasioned the complaint. The diagnosis between this affection and venereal ulcers, when the former occurs on the external prepuce, is obvious,—the cluster of vesicles sufficiently point out its nature. But if it has been irritated, so as to produce ulceration, or when this takes place on the internal surface of the prepuce, we must wait until

* See Evans's Remarks on Ulceration of the Genital Organs, p. 12 to 22.

time develops its true nature, before we can venture to give a decided opinion.*

I have met with eight or ten cases of ulcers situated either on the groins, pubes, or scrotum and fossa of the nates, or on all these parts at once in the same individual, which resemble, in their raised edges and obstinate nature, the primary ulcers of the pustular venereal disease. These ulcers exist in distinct patches, and have a zig-zag appearance. They creep on slowly, with margins both raised and undermined. I know not whether we ought to consider them as venereal; but place them in this section of my work until their origin is determined.

In all the cases of this description, a large quantity of mercury had been used; so that we might be inclined to consider them as mercurial, if such ulcers were ever observed to arise from the exhibition of mercury for any diseases that were not venereal. Under every mode of treatment they are

* For want of proper discrimination and experience, this affection has often received the treatment applicable only to the most virulent syphilitic affections. The editor has seen many instances of its occurring to married men, with an aspect well calculated to alarm such as are unacquainted with its character. It is most common to those in whom the prepuce covers a considerable portion of the glans, and where the secretions from those parts are greater than ordinary.

A lotion of lime water, or solution of white vitriol, will often cure it very speedily: but sometimes it disappears and soon returns, so as to prove, by repeated recurrence, very troublesome to the patient and his physician. When the curative means already recommended are not found sufficient, advantage may result from dusting the parts affected, with a powder consisting of equal portions of calomel and arrow root, confined in a gauze or cambric bag. Frequent ablution should never be neglected by those subject to or labouring under this affection. E.

obstinate. Caustic and irritating applications are always injurious. The patient often recovers under sarsaparilla, country air, and sea-bathing; but it is not easy to decide whether these means are instrumental to his recovery.

One of my private patients was affected two years with ulcers of this description, which had spread over the groin, fold of the thigh, pubes, and lower part of the abdomen. He had been in the hands of several professional men, but at length the obstinacy of these ulcers yielded to the exhibition of Fowler's solution of arsenic, and pressure upon the diseased part by means of adhesive straps and bandages, according to Baynton's method, with the exception, that in place of diachylon, the straps were spread with equal parts of soap and strengthening plaister, which excites less irritation of the skin than the former. For this hint I am indebted to Mr. Young, who, it is well known, employs this composition in cancerous cases.

Different complaints are also frequently met with besides those mentioned in my first chapter, which bear a close resemblance to the constitutional symptoms of venereal diseases, particularly to those of the phagedenic disease, and yet cannot be traced to a venereal origin. This subject has been already so ably considered by Mr. Abernethy, that little remains for me, except to add my suffrage to the doctrines he has enforced. In every instance in which constitutional affections occur that are liable to be mistaken for those of venereal diseases, but cannot be traced to any infection, it universally happens,

that the patient has been previously, for a considerable time, disordered in his health; his digestion is bad, and he feels himself dispirited and unwell, without being able to point out any particular ailment as the cause of his indisposition.

On another occasion,* I have adduced incontrovertible facts, which demonstrate, that disorder of the chylopoetic viscera precedes and accompanies the symptoms of scrofula, and that there are the strongest grounds for believing that such disorder is, in a very great majority of cases, the immediate cause of the disease. A defective digestion, continued for any length of time, must as certainly produce chyle or blood of a vitiated quality, and unfit to replenish the waste of the body, as the constant use of unwholesome food, which is undergoing the putrefactive or acetous fermentation. A disordered state of the system at first ensues, followed by various local complaints. Among these are swellings of the lymphatic glands, which frequently ulcerate, different species of cutaneous affections, particularly the tubercular eruption, which likewise ulcerates. Ulcers are often seen in the throat, which it is not easy to distinguish from those of venereal origin; and, lastly, ulceration of the pituitary membrane is very frequent, attended with caries of the bones, of the nose and palate, and often with fistula lachrymalis. Even the deep-seated parts do not escape; for the patient complains of pains in the joints, which are often mistaken for those of

* See my Essay on Scrofula.

chronic rheumatism ; and affections of the bones or their coverings, producing a kind of node, are not unfrequent. In fact this train of symptoms occurs every day under our eyes, in children, whose youth fortunately protects them from the suspicion which lights on their elders ; for it is by no means unusual to find in scrofulous children ulcers which arise from tubercles, and also ulcers of the tonsils, nodes on the shins, and pains in the joints, which, if they occurred at a more advanced period of life, would inevitably condemn them in the hands of a great majority of practitioners to a severe course of mercury.

In these countries, almost every chronic complaint which cannot otherways be accounted for, is suspected to be a symptom of latent venereal disease ; and it is in vain for the unfortunate patient to protest his innocence, if one or two of the train of symptoms I have stated, concur to satisfy his medical attendant of the incredibility of his assertions ; whose doubts, if he had any, are completely dissipated by the favourable change which almost always ensues on the first exhibition of mercury. The patient cannot withstand this accumulation of evidence, and begins to think that the remnant of some old venereal taint has been lurking in his system for a long series of years ; or that the poison may have been imbibed by drinking out of the same cup with an infected person, or caught in some accidental way, that he can neither describe nor account for. But the opinions of friends are seldom so lenient, and many a happy family has been plunged into

the deepest distress by the unqualified and unjustifiable sentence of a practitioner, who can not rise above his prejudices, or conceive that symptoms in any degree resembling the venereal, can originate from any other than a venereal poison.

It is chiefly by an attentive consideration of the history of those cases, the state of general health of the patient previous to the occurrence of local disease, and the non-appearance of primary symptoms, that we are enabled to form a just judgment on the nature of the disease. They often bear so close a resemblance to complaints of venereal origin, that it may be well to impress the circumstance the more strongly on the minds of my junior readers by the illustration of two or three instances.

Case 55.—In the winter of 1810, a gentleman consulted me on account of a complaint which he supposed to be a commencing fistula lachrymalis. One of his eyes continually watered, and on examination, the bones of his nose felt enlarged, and were tender when pressed. He snuffled also very much, and breathed with difficulty through his nose. He mentioned, accidentally, that he felt a soreness for a few days in his palate; on examination, I perceived a round hole, about the size of a pea, in the palate, through which the probe passed readily into the nose. There was an ulcer of the same appearance, but somewhat larger, covered with white viscid matter, on the soft palate, just above the velum.

I immediately suspected syphilis, but he positively denied having had any venereal complaint since he was married, a period of nine years, during

which time he had seven children, who were all healthy from their birth. His wife was also perfectly healthy. This gentleman had not enjoyed good health for the two years previous to his application to me. He felt himself unwell without being able to ascertain the cause, and was affected with an unaccountable lowness of spirits. He was afterwards attacked with pains in his joints, which were treated by a physician of the first eminence as rheumatic. His tongue was furred, his sleep disturbed at night, and by day he felt himself incapable of attending to any thing which required intellectual exertion.

I gave him my opinion that a course of mercury would be necessary to remove the disorder, whether or not it proceeded from a venereal infection. This advice was thought so extraordinary, that my patient would not submit to so severe a remedy, without the opinion of another surgeon. Mr. Richards was consulted, and he agreed with me in the propriety of a mercurial course, although we had no facts to lead us to suppose that the patient had been affected with syphilis during the preceding ten years: except the appearances I have described. In a week after the commencement of mercury, the ulcers were completely healed, but the opening in the palate bone did not close. The tenderness of the bones of the nose, and the disposition to fistula lachrymalis, were also removed. The course of mercury was, however, persevered in for two months, during which period he rubbed in eight ounces of ointment, which sustained for almost all

that time a full mercurial action. He has since remained perfectly well.

If a similar case was to occur to me at present, my reader is by this time satisfied that I should deem it sufficient to give mercury in alterative doses, conjoined with the simple or compound decoction of sarsaparilla.* The following case was so treated.

Case 56.—On the 12th of June, 1815, I was called upon to see a young unmarried lady, whose condition and morals placed her altogether beyond the reach of suspicion; yet the symptoms with which she was affected precisely resembled those which are undoubtedly of venereal origin. There was a considerable number of large tubercles similar to those described in the last chapter, scattered over her legs, arms, and thighs, attended with discolouration of the integuments. She complained of soreness of her throat; and on examination, I found the back of the pharynx ulcerated and covered with white tenacious matter, evincing a similar correspondence between the affection of the skin and throat to that which I had often witnessed in venereal cases. Her tongue was white and furred, with bad appetite and general derangement of the system.

I merely regulated her diet, ordered five grains of blue pill every night, and three drachms of sul-

* Mr. Abernethy gives a case perfectly analogous to this, in support of similar opinion, of which he has the merit of being the first promulgator. See Abernethy on Diseases resembling Syphilis, page 80.

phat of magnesia every morning, under which plan she had perfectly recovered before the 12th of July following, when I ceased to visit her.

I might adduce many instances of similar tubercles terminating in ulceration in children, in whom they are generally esteemed to be the signs of a strongly marked scrofulous constitution, and cannot be suspected to be venereal complaints, because they occur too late after birth to be ascribed to a venereal taint derived from the parents; and too early in life to be visited as an imputation on the young patients themselves. But by whatever name the disease may be called, it is in children, as well as in adults, accompanied by general derangement of the constitution; and yields in both to the same mode of treatment, viz. small alterative doses of mercury, conjoined with decoction of sarsaparilla.

I shall only add two other cases in illustration of the constitutional diseases which are liable to be mistaken for those of venereal origin.

Case 57.—John Larkin, a very young man, admitted July 3d, 1816, with an extensive phagedenic ulcer of the throat, engaging the velum, tonsils, and back of the pharynx. The entire uvula and a considerable portion of the velum and tonsils had been destroyed by the disease, and he complained of severe head-ach and deafness.

According to his statement, the ulcer commenced about six months previous to his admission, without his having had any primary affection, and he persisted in affirming that he never had sexual connexion in his life. He also stated that the practi-

tioner whom he had consulted, did not appear to believe his assertions, as he put him through two severe mercurial courses, which, however, did not produce any beneficial effects upon his throat.

I directed for him the decoction of sarsaparilla, antimonial solution, and the following lotion, with which the ulcer of his throat was touched every third hour.

R. Muriatis Hydrarg. cor. (sp. vini. solut.) gr. sex.
Aquæ. distillatæ unciam cum semisse.

Mellis despumati semiunciam.

Under this plan immediate amendment ensued; the ulcer was healed before the 28th, and he was discharged the hospital on the 3d of August.

Case 53.—On the 8th of July, 1816, I saw Captain S. in consultation with Doctor Little, of Tuam, on account of a disease of the bones of the nose, attended with a most offensive discharge. The cartilage of the nose was much depressed in consequence of the want of its usual support, owing to the destruction of the vomer and perpendicular cartilage attached to it. The greater part of the spongy bones were also destroyed; and on examination with a probe, all the bones forming the walls of the cavity of the nose felt rough and carious.—The commencement of this complaint occurred, as he stated, near two years previous to his application to me, and took place at a period when his bodily health and strength were greatly reduced by most fatiguing military duties, and an intermittent fever, caught in the marshy parts of Canada. He stated in the most positive manner that he had not been

affected for as long a period as fifteen or sixteen years before with any venereal complaint, an asseveration which the surgeon of his regiment seemed not to regard with much attention, as he put him through several severe courses of mercury, which reduced him to the lowest extremity, without producing any amendment of his complaints; on the contrary, he always felt himself worse when mercurially affected, and during the use of that medicine, extensive exfoliations occurred. When leaving Canada, he was so much enfeebled that he was carried into the vessel; but during the voyage and after his return to Europe, he rapidly regained his strength.

Large exfoliations, engaging portions of the bones of the nose, palate, and upper jaw, continued to come away, from time to time, for the next ten months, during which period several medical men were consulted and a variety of remedies were employed. Attention to cleanliness and country air seemed, however, to be the only means from which he derived any advantage. At length intense headaches, and a tendency to delirium at night, made me suspicious that the disease had extended to the bones which supported the brain, and affected that organ.

On the 14th of June, 1817, I was called upon to see him.—His manner was quick and irritable, pulse 112, tongue furred. He complained of a distracting head-ach and intolerance of light. General and local blood-letting was resorted to, and the exhibition of active purgatives.—On the 16th his pulse

was 120, and he lay comatose. In the evening convulsions set in, and he died a few hours afterwards.

On examination of the head, the vessels appeared remarkably turgid; and coagulable lymph was found in a greater degree than is usual even in inflammatory infections of the head, effused over the pia matter. On cutting through the right anterior lobe of the brain, it presented a yellow tallow-like appearance, and was of a very soft consistence; and on penetrating deeper, near to its lower surface where it lay on the orbitar plate, an abscess was found about the size of a walnut, containing a tenacious, turbid, flaky fluid of the colour of pus. The cribriform lamella of the æthmoid bone was completely carious, and adjoining this the right orbitar plate of the frontal bone upon which the abscess lay, presented a yellow unsound appearance. The ventricles were filled with a fluid similar to that contained in the abscess, and there was a large quantity of the same matter accumulated about the medulla oblongata. It appeared to make its way by the fourth ventricle, and to have also passed into the sheath of the spinal marrow.

PERSONS of judgment and discrimination will know how to estimate the value of the cases detailed in this work, because the great majority of them related to persons in a humble sphere of life. Those who seek an asylum in hospitals afford better examples of the progress of diseases, and the effects of remedies upon them, than the cases of private practice. This is more particularly observable in

the maladies under consideration. In the mode of practice for so many years prevalent, as soon as a private patient had undergone a severe course of mercury, without amendment, and that his medical attendant, seeing the inutility of a farther perseverance in that medicine, laid it aside, he usually sought the advice of a second professional man, who perceiving that a sufficient quantity of mercury had not been exhibited, put his patient through another course. The disease still gaining ground, a third, or a fourth was consulted, till at length he ran the gauntlet through the greater part of the profession, each practitioner inflicting on him his own favourite mode of administering his specific. At last the unfortunate patient, with broken constitution, spirit, and resources, possibly returned to the advice of his first attendant, with regret that he ever sought any other. But it is not from him, or those of our fraternity who were most familiar with his symptoms, that it is now possible to obtain a satisfactory history of his complaint, except in a single point—the inefficacy of repeated courses of mercury for its removal. Therefore, I say, it is only from the registry of a hospital that we can gain a faithful account of the symptoms and progress of these obstinate diseases, where the patient is restricted to the regimen and medicine prescribed by the surgeon of his ward, and not allowed to indulge his own fancy and caprice in wandering from one practitioner to another, or in employing in a clandestine manner, means not known to his medical attendants. But as almost all our registered experience of venereal dis-

eases seems to be taken from private practice, we should not be surprised at finding that the prominent facts stated in this work are not to be found in other publications on the subject: or if they are hinted at, that they should, either from preconceived opinions, be distorted, overlooked, or laid at the door of the remedy so long and so pertinaciously exhibited without benefit.—Thus both the acute and the lingering pains in the joints, are very generally ascribed to mercury, and not to a venereal virus; and even a modern author, who has written expressly on the subject, has attributed to the excessive use of this medicine, eruptions, ulcers on the skin and throat, and nodes on the bones. A mistake we cannot be surprised at, when we recollect how lavishly it is used in those venereal diseases which do not yield to its influence; and the frequent appearance of these symptoms, while the patient is suffering the most severe salivation.

The variety of venereal appearances, and the modification and change which they are perpetually undergoing, together with the fact, that these maladies are not exactly alike in any two countries; and the consequent frequent introduction of new symptoms, by means of foreign infection, require that we should be always on the watch, with a view to ascertain the nature of the most prevailing venereal complaints; for I have constantly observed that there is a predominant infection for a season, which in general, on the succeeding, gives way to another.

It may be considered a strong corroboration of

the opinions supported in this treatise, that relapses were far more frequent in all venereal diseases (the scaly or syphilitic excepted,) when mercury had been used, than when they were treated exclusively, by the other means recommended. And in closing these pages I have the gratification of stating, that after several years of observation and scrutiny, during which, the symptoms and progress of these diseases were constantly and carefully watched and followed, I have not met with any circumstance to induce me to doubt the principles I have endeavoured to enforce in the course of this work.

Having now brought this complicated subject to a close, and endeavoured to put in order a numerous class of symptoms, which it has been often said bid defiance to any system of arrangement, it may be well, in concluding the work, to present them to the understanding of my reader according to their classification, detailed in a tabular form; and I shall only remark, that a classification of venereal complaints, grounded on the character of the eruption, is not only the most natural, and most in accordance to the pathological arrangement of other eruptive diseases attended with fever, but it is also, in a practical point of view, the most useful that can be devised;—for the general tendency of the disease, either with respect to mildness, severity or duration, may be anticipated by the character of the eruption.

SYNOPSIS.

I.

PAPULAR VENEREAL DISEASE.

Primary Symptoms.

Remedies.

- | | | |
|---|---|--------------------|
| 1. The simple primary ulcer, | } | Astringent washes. |
| 2. Patchy excoriation, attended with a discharge, | | Antimonials. |
| | } | Purgatives. |
| 3. Gonorrhœa virulenta, | | Astringent washes. |
| | } | Antimonials. |
| | | Terebinthines. |
| 4. Buboës, | } | Lecches. |
| | | Cold applications. |
| | | Blisters. |
| | } | Poultices. |

Secondary Symptoms.

- | | | |
|---|---|--|
| 1. Papular eruption, preceded by fever, and ending in desquamation, | } | General blood-letting to be adopted when indicated by the fever, and proportioned to its degree. |
| | | Antimonials. |
| 2. Ærithematous inflammations of the fauces, | } | Sarsaparilla. |
| | | <i>Mercury unnecessary in any stage; and highly injurious until the eruption desquamates, the fever is subdued, and the disorder is evidently on the wane; and then an alterative course of antimony and calomel may occasionally accelerate the cure.</i> |
| 3. Swelling of the tonsils and glands of the neck, | } | |
| 4. Pains in the larger joints resembling rheumatism. | | <i>Full mercurial affection of the system until the inflammation is subdued.</i> |
| | } | Local bleeding. |
| 5. Iritis, | | Blistering. |

II.

PUSTULAR VENEREAL DISEASE.

<i>Primary Symptoms.</i>	<i>Remedies.</i>
1. The ulcer with elevated edges, without induration.	{ Astringent washes. Antimonials. Purgatives.
2. Buboës.	{ The same treatment as for the buboës in No. 1. Excision of the undermined edges of the bubo.
<hr style="width: 50%; margin: 0 auto;"/>	
<i>Secondary Symptoms.</i>	{ General blood-letting, as in No. 1. Antimonials. Sarsaparilla. Guaiaicum. Tar Ointment. Baths of sulphurated kali. Sulphureous fumigations. Nitro-muriatic acid baths.
1. Eruption of pustules in general phlyzacious, preceded by fever, and terminating in ulcers covered with thin crusts that heal from their margins, and when the disease is on the wane, the eruption desquamates into scaly red blotches.	{ <i>Mercury is decidedly pernicious until the pustules terminate in scaly blotches instead of forming ulcers; and then mercurials, in alterative doses, conjoined with sarsaparilla or guaiacum, may occasionally be employed with benefit.</i>
2. Ulcers on different parts of the fauces, in general of a white apthous appearance.	{ The same general treatment, conjoined with the following local applications: Common detergent gargles. Mercurial gargles. Oxymel <i>Æruginis</i> . Fumigations of Hydrarg. Sulphuret. rub. or of Hydrarg. cum Creta.

3. Pains in the joints.

{ The same general treatment,
conjoined with the following
local applications :

Leeches.

Fomentations.

Bread and water poultices.

Blisters.

{ Ointment of tartarized anti-
mony.

*Mercury is to be particularly
avoided while inflammation of
the knee exists.*

4. Nodes.

{ The same general treatment,
conjoined with the following
local applications :

Leeches.

Bread and water poultices.

Blisters.

{ Ointment of tartarized anti-
mony.

Division of the periosteum.

*If the preceding remedies prove
inefficient, mercury may be of
advantage, provided the general
disease is on the wane.*

III.

PHAGEDENIC VENEREAL DISEASE.

*Primary Symptoms.**Remedies.*

1. The phagedenic ulcer,

Bread and water poultices with opium occasionally added.

Warm fomentations.

General blood-letting, proportioned to the acuteness of pain, inflammation, and symptomatic fever.

Antimonials in nauseating doses.

2. The sloughing ulcer.

Opium

Cicuta

Hyoscyamus

Purgatives.

} in full doses.

3. Buboec.

{ The same treatment as for buboec, in No. II.

Secondary Symptoms.

1. Eruption of tubercles, or spots of a pustular tendency, or both intermixed, preceded by fever, and terminating in ulcers covered with thick crusts, which often assume a conical form, healing from their centre, and extending with a phagedenic margin. When the disease is on the wane, they desquamate like those of No. II. into scaly red blotches. The disease is attended with great debility, particularly when the ulcers are extensive.

{ General blood-letting, as in No. I. and II.

Antimonials.

Sarsaparilla.

Guaiacum.

Compound powder of ipecacuanha.

Opium.

Cicuta.

Nitrous acid.

Nitro-muriatic acid bath.

Mercury, (with the exceptions noticed below) increases the ravages of the disease in all its stages, but the last. It may then be given with safety and advantage, as in No. II.

2. Ulcers on different parts of the fauces, and particularly the back of the pharynx, frequently engaging the entire fauces, and sometimes extending to the larynx and nares. { The same general treatment, conjoined with the following local applications :
Oxymel Æruginis.
Strong solution of muriate of mercury, or nitrate of silver.
Fumigations of Hydrarg. Sulphuret. rub. or of Hydrarg. cum Creta.
If these should prove inefficient, mercury may be used largely with advantage in checking the progress of the ulceration, even though it should exasperate the general disease.
3. Ulceration and thickening of the larynx. { Caustic issues or applications of moxa on each side of the thyroid cartilage. Tracheotomy.
4. Ulceration, and caries of the bones of the nose. { The same general treatment, with the yellow and black mercurial washes frequently injected into the nostrils.
Fumigations of the Hydrarg. Sulphuret. rub. or of the Hydrarg. cum Creta through the nares.
If these remedies fail, mercury may be used as above.
3. Pains of the joints. { The same treatment as in No. II. for the same symptom.
6. Nodes. { The same treatment as in No. II.

IV.

SCALY VENEREAL DISEASE.

*Primary Symptoms.**Remedies.*

1. The chancre, or callous ulcer.
2. Buboes.

Full courses of mercury for both primary and constitutional symptoms, except a tendency to phthisis pulmonalis or other delicacy of constitution should forbid them.

Secondary Symptoms.

1. Eruption of scaly blotches, presenting either the character of lepra, or psoriasis, and unattended with any obvious degree of fever.
2. Excavated ulcers of the tonsils.
3. Pains in the joints, tibiæ, cranium, &c.
4. Nodes.

Mercury.

The same local remedies as prescribed for the several symptoms in No. II.

EXPLANATION OF THE PLATES.

PLATE I.

- FIG. 1.—The *venereal* lichen, or papular eruption. The spots are either mere pimples, or papulæ, with acuminated tops, containing matter situated on deep-red or violet-coloured bases. See Cases 1 and 6.
- FIG. 2.—An eruption of the same character as the preceding, but the spots considerably smaller and more numerous. See Case 3.
- FIG. 3.—The *venereal* lichen exhibited of a paler colour, and the spots more distinct than in figures 1 and 2. The spots exhibited in these three figures cannot possibly be mistaken for the *syphilitic* lepra, and can only be confounded with psoriasis syphilitica, when they have *terminated* in exfoliation of the cuticle, which gives them a scaly appearance. See Case 8.
- FIG. 4, 5, and 6.—Exhibit *venereal* tubercula.
- Figure 4. exhibits a tubercle previous to ulceration. Figures 5. and 6. tubercles at the commencement of that process.

PLATE II.

The figure in this Plate represents the form of eruption which attends the pustular venereal disease. With the exception of a couple of spots all the others had arrived at the scabbing stage. This eruption is in general of that form of pustule termed by Willan and Bateman *phlyzadium*; less frequently it exhibits the appearance of the pustule termed *favus*. They do not, however, continue longer than one or two days in the pustular state before they begin to scab; and when the crusts fall

off, either small superficial sores are exposed, which quickly heal, or the parts are found cicatrized.

The phagedenic eruption delineated in Plate III. fig. 1. is also pustular; but the ulcers which succeeded the pustules are deep and spread with a *phagedenic margin*; and this circumstance, together with the phagedenic character of the primary ulcers, induced me to name the latter form of disease, the *phagedenic venereal disease*.

PLATE III.

FIG. 1.—An eruption of large and well-defined pustules, and the appearances of the ulcers which they formed. In the patient there was no opportunity of witnessing the primary ulcer, but as the eruption agreed in character with that of the phagedenic ulcer, it may be considered as appertaining to that species. See Case 23.

FIG. 2.—A large conical crust of its natural size, which was formed by one of the pustules in figure 1.

FIG. 3.—An eruption on the face of a male patient, in whom there was not an opportunity of seeing the primary ulcer, but as it agreed in general character with that traced to the phagedenic ulcer, it probably had the same origin. See Case 24.

PLATE IV.

The figure in this Plate exhibits an excellent representation of the conical or limpet-shell-formed crusts (resembling the *rupia prominens* of Bateman,) which the eruption of the phagedenic disease frequently displays. See Case 26.

PLATE V.

FIG. 1.—Exhibits the *syphilitic lepra*; the spots form a firm elevation above the surrounding surface, and the circumference of each spot is still more elevated than its centre. On the shoulder is delineated a

spot covered by a thick crust, which had proceeded to ulceration.

FIG. 2.—The groin and upper part of the thigh of the same patient; an extensive copper-coloured blotch is seen to engage the groin, which had partly degenerated into an ulcer, covered by a crust, with which the hair of the pubes was matted.

FIG. 3.—A single *syphilitic* blotch, of a medium size, on the same patient.

FIG. 4.—The *syphilitic* psoriasis. The spots, though possessing scaliness from the *commencement*, which is the peculiar character of the syphilitic eruption, are much smaller and less elevated than the *lepra syphilitica*.

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THE END.

Errata.—Page 111, note, *Plumber*, read *Plummer*, page 72, line 25, for *little*, read *literal*.



Fig. 2.



Fig. 1.

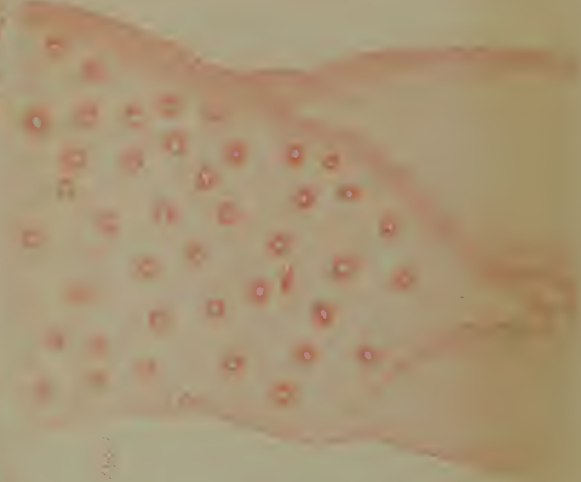


Fig. 5.

Fig. 3.



Fig. 6.



Fig. 4.



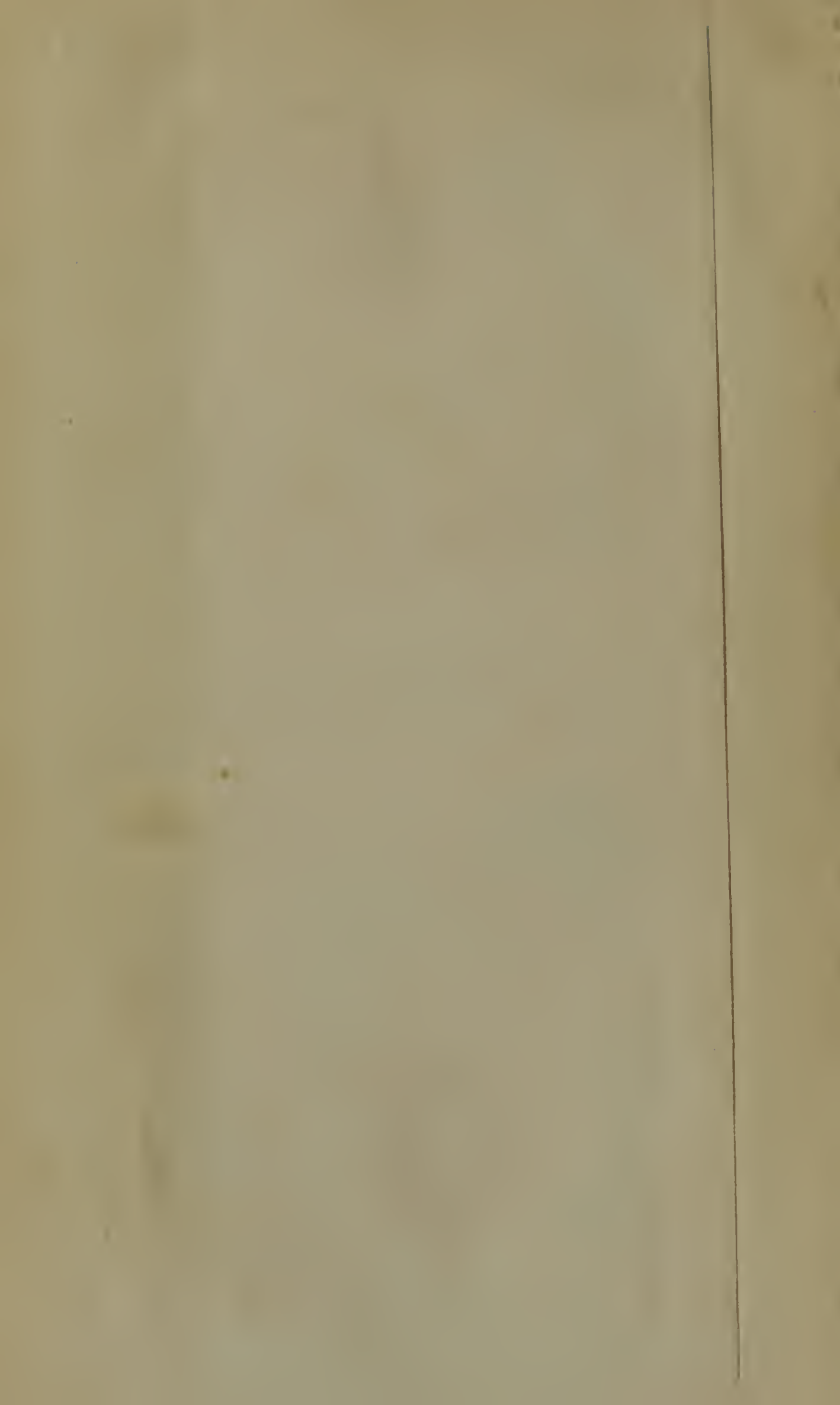




Fig. 2

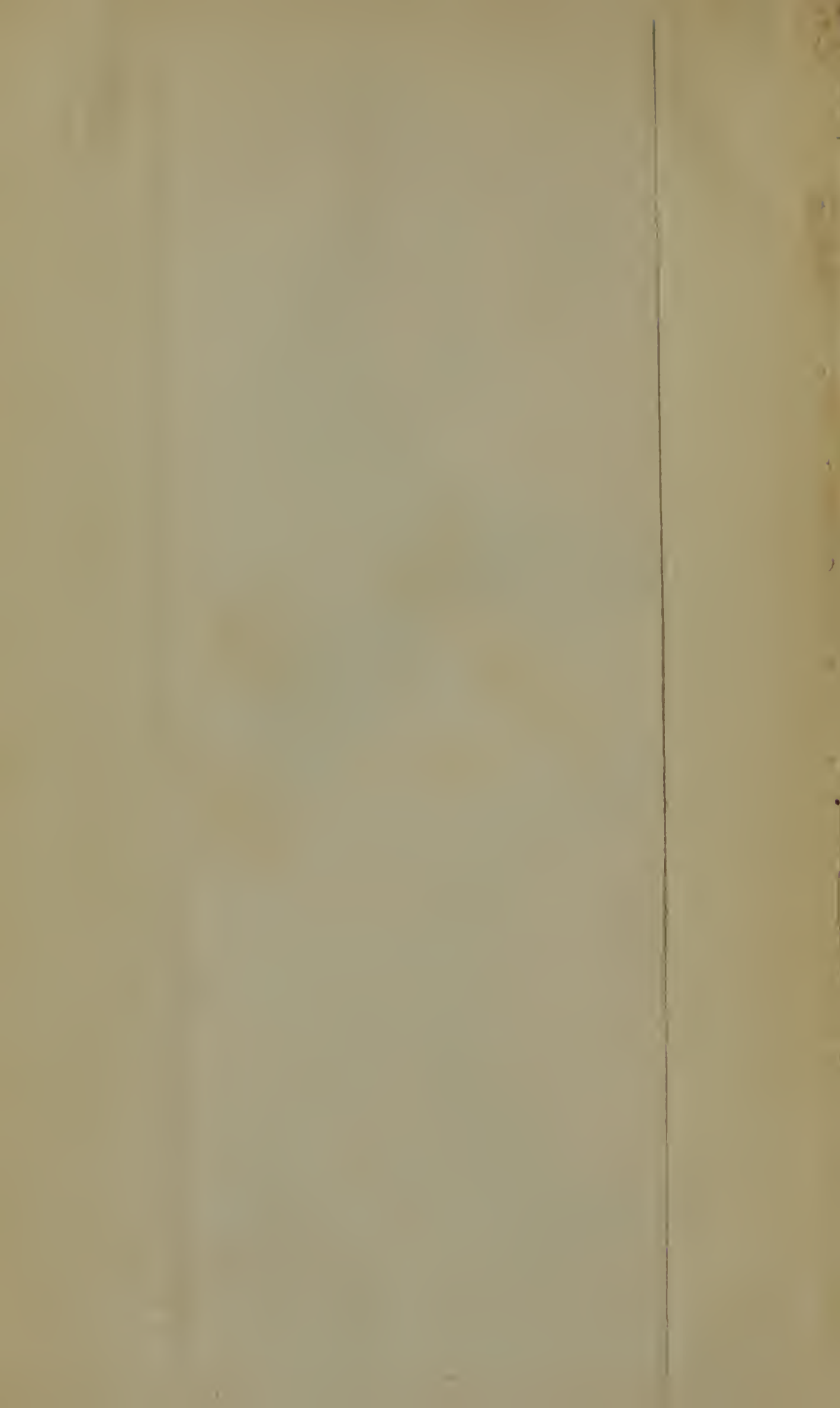


Fig. 1

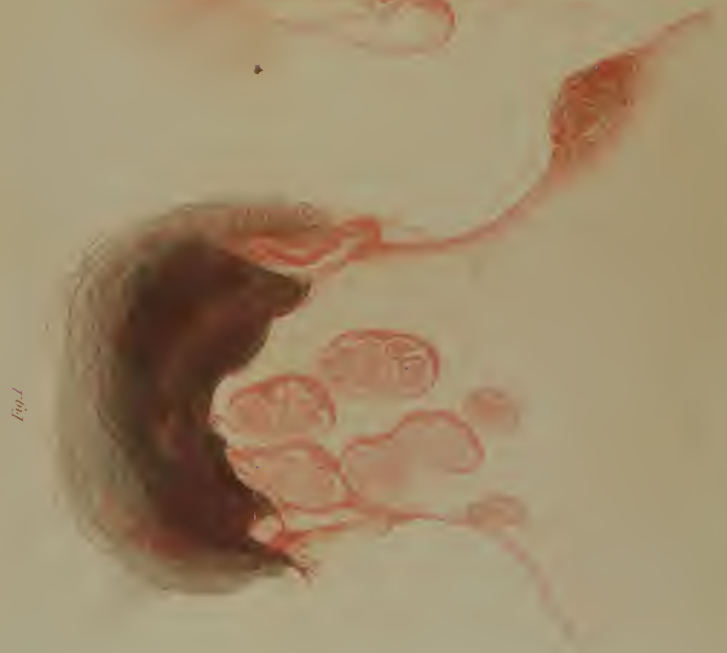


Fig. 3









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